

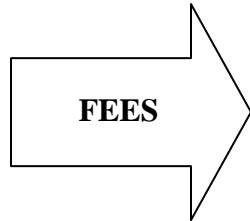


# WAHA PLAYER TRANSMITTAL 2007-2008



DATE \_\_\_\_\_

ASSOCIATION \_\_\_\_\_



<b>PLAYERS D/O/B 1988 &amp; Older</b>
No. of Players _____ X\$5.00 =\$ _____
<b>PLAYERS D/O/B 2000 – 1989</b>
No. of Players _____ X\$10.00 =\$ _____
<b>PLAYERS D/O/B 2001 &amp; Younger NO FEE</b>
<b>COACHES – All Classifications NO FEE</b>
<b>TEAM MEMBERSHIP NO FEE</b>
<b>D &amp; O Insurance – All Classifications NO FEE</b>

**TOTAL FEES DUE.....\$\_\_\_\_\_**

**Make check payable to WAHA and remit to the following registrars:**

**REGION 1**  
Bob Normand  
640 S. Main St.  
Chippewa Falls, WI  
54729

**REGION 2**  
Dawn Olson  
POB 212  
Phillips, WI  
54555

**REGION 4**  
Tom Hansen  
413 S. Midvale Blvd.  
Madison, WI  
53711

**REGION 6**  
Sharai Pollock  
131 County Road W  
River Falls, WI  
54022

**REGION 3, 5 &  
WAHA Office**  
Don Kohlman  
POB 1509  
Eagle River, WI  
54521