

**YOUTH HOCKEY ASSOCIATION FORM**  
**Due: September 1, 2010**

rev. 07.21.10



---

*Please type or print*

Youth Hockey Association (YHA) \_\_\_\_\_

YHA Officer \_\_\_\_\_ Title \_\_\_\_\_

YHA mailing address

Officer Address (if different from YHA)

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel (day) \_\_\_\_\_

Tel (day) \_\_\_\_\_

Website \_\_\_\_\_

Email \_\_\_\_\_

---

**BACKGROUND INFORMATION**

*Please answer the questions below in a separate document not to exceed two pages. Typed pages are preferred, but legible, printed handwritten sheets will be accepted. Please re-state the questions to help your reader. Send cover sheet and background information together. Do not staple documents.*

- 1) When does the season start and end (month, year)?
  - 2) Where do your teams play?
  - 3) What towns are covered by your association?
  - 4) How many teams do you sponsor, serving how many children?
  - 5) What is the cost, per child, to participate on a team (please list age groups and fees)?
  - 6) Estimate the cost of hockey equipment for one child for the year.
  - 7) Estimate the travel expenses for one child for the year.
  - 8) How long has your association been in existence?
  - 9) Does your association offer financial aid to participants? If so, how much aid do you distribute to how many children/families? How do you determine who is needy? When do you make decisions about financial assistance?
  - 10) Please describe any other important aspects of your programs or the association.
- 

Chief Officer \_\_\_\_\_  
signature

Date \_\_\_\_\_

Send this cover sheet and background information to:

Kelly A. Stimson  
Donor Services Manager  
370 Main Street, Suite 650  
Worcester, MA 01608-1738  
tel 508-755-0980 ext. 112  
fax 508-755-3406  
[Kstimson@greaterworcester.org](mailto:Kstimson@greaterworcester.org)