



**Maryland Scholastic Hockey League
Add / Drop Form**

DATE: _____

FROM: _____ **HIGH SCHOOL**

BY: _____ **SIGNED:** _____
(print name)

D R O P

NAME: _____ **CLASS:** _____
(last) (first)

NAME: _____ **CLASS:** _____
(last) (first)

NAME: _____ **CLASS:** _____
(last) (first)

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A D D

NAME: _____ **CLASS:** _____
(last) (first)

USA Hockey Number: _____

NAME: _____ **CLASS:** _____
(last) (first)

USA Hockey Number: _____

NAME: _____ **CLASS:** _____
(last) (first)

USA Hockey Number: _____

FAX FORM TO:

MSHL REGISTRAR
(fax must be received no later than 24 hours before game time)

301-576-5163