



**EARLY ENTRY REQUEST FORM**

PlayerName: \_\_\_\_\_

Player D.O.B.: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Please provide your reason and explanation for your request for early entry of your player:



PLEASE SUBMIT THE COMPLETED FORM TO THE PRESIDENT OF  
WETASKIWIN MINOR HOCKEY AT [GRAPSON.WMHA@GMAIL.COM](mailto:GRAPSON.WMHA@GMAIL.COM) BY  
AUGUST 31<sup>ST</sup> OF THE CURRENT YEAR.

INCOMPLETE FORMS OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.

THE PRESIDENT WILL PRESENT YOUR REQUEST TO THE WMHA BOARD  
FOR APPROVAL AT THE NEXT POSSIBLE BOARD MEETING AND NOTIFY YOU  
OF THE RESULTS