



**PLAYER ACCELARATION REQUEST FORM**

Player Name: \_\_\_\_\_

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

Current Division (Circle One):    U7    U9    U11    U13    U15    U18

Division Requesting to try out in (Circle One):    U7    U9    U11    U13    U15    U18

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

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

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

Please provide your reason and explanation for your request to move 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