



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 VP.WMHA@GMAIL.COM BY AUGUST 31ST
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