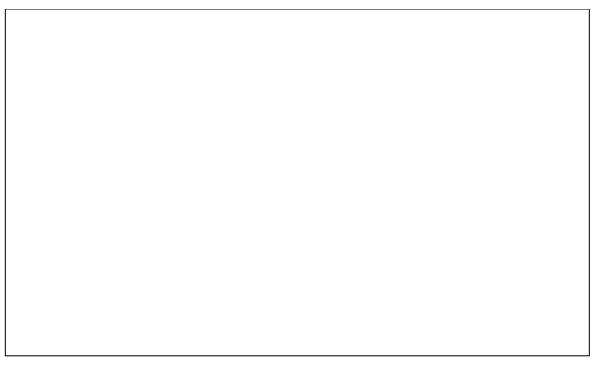


## PLAYER ACCELARATION REQUEST FORM

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:				<del></del>				
Parent/Guardian Phone:				1 1 1 1 1 1 1				

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 PR.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