



Please fill in all the applicable information below. Please be as complete with your information as possible. The league tries to honor all LEGITIMATE special requests; however, there is NO GUARANTEE!

Player's Name: \_\_\_\_\_

Please circle the appropriate division:      6u   8u   10u   12u   14-17u

Special request:

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Reason for request:

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Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_      Date: \_\_\_\_\_

In the event we need to discuss this request, please provide the following information:

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**This information on this form will remain CONFIDENTIAL**