

SRRRA Out-of-Age Division Player Request

Association _____ Team No. _____

Team Division & Level of Play: R N P T J B O M
B C Recreation Non-Sanctioned

Player Name _____ Date of Birth _____

Team make-up without the requested player(s). Included number of first year players as well as numbers Of first year in age division, second year, etc.

Reason for request: (Include other possible solutions and what barriers make them unworkable.)

Attach any other pertinent information.

Request being made by:	Signature	Date
Association Registrar	_____	_____
Association President	_____	_____
Association S.R.R.A. Rep	_____	_____

SOUTHERN REGION RINGETTE USE ONLY

Approved _____ Denied _____ Add'l Info. Required _____
Date Received _____ Date Presented to S.R.R.A. _____

Comments: _____

Membership Service Co-Ordinator's Signature _____