



OVERAGE OR PLAYER MOVEMENT REQUEST FORM

MINOR LACROSSE COMMISSION: _____

DATE OF REQUEST: _____

ASSOCIATION: _____

CONTACT TELEPHONE NUMBER(S): _____

PLAYER'S NAME: _____

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

REQUEST FOR MOVEMENT TO:

PLAYDOWN A DIVISION FROM _____ TO _____ DIVISION

PREVIOUS YEARS EXPERIENCE PLAYING LACROSSE: _____

BRIEFLY COMMENT ON REASONS TO SUPPORT THIS REQUEST:

ANY PLAYER THAT PLAYS DOWN IN A LOWER DIVISION WILL NOT BE ELIGIBLE TO PLAY IN PLAYOFFS OR A PROVINCIAL CHAMPIONSHIP.

Signature of Parent Or Guardian Date: _____

Signature of Association
President/Designate Date: _____

Authorization of Commission:
Approved or Declined (circle one) Date: _____