



MWHA SPECIAL REQUEST FORM

Completed and Signed Request Form to be emailed to: seeraadmin@shaw.ca

Player's Name: _____

Parent's Name: _____

Registered Division:

- U7 2018-2020 Birth Year
- U9 2016-2017 Birth Year
- U11 2014-2015 Birth Year
- U13 2012-2013 Birth Year

Special Request to play with : _____

Reason:

- Carpooling
- Friend
- Other _____

Note: There is no guarantee this request will be approved. Final player placement will still be based on the evaluation and will not be determined until Team Selection (U9-U13). For U7 requests please submit prior to August 15th of each season.

Date Form Submitted : _____