

UNITED WOMEN'S HOCKEY LEAGUE

PLAYOFF WAIVER REQUEST FORM



Please complete the information below.

Player Name: _____ Date of Request: _____

Team Name: _____ Division/Conference: _____

REASON FOR WAIVER REQUEST

Provide all information that you feel is relevant to the request:

What was the date of the first game you were able to return to play after injury/absence?

How many UWHL games did you miss due to injury/absence?

How many UWHL games did you play this season?

How many UWHL games are remaining for your team in the season as of the date of this request?

For Board Use Only

Approved:	Yes	No	Date:	
Decision Sent to Team (Date):				

Board President (Initial):	
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