



8U Team Mini-Mite Play Up Request Form

The Arizona Amateur Hockey Association (AAHA) requires any 8U team wishing to petition the Mite Committee to have a player under the age of 7 (mini mite) to participate on an 8U select team to please provide the following information. All information on this form must be completed and forwarded to the Mite Committee for review. All requests must be signed by the respective associations Hockey Director.

Following the review of the specifics by the Committee, you will receive an email with formal approval or denial of the request. For additional information or questions, please contact the Mite Committee Chairman, Kayman Wong at 480-363-6185.

Team Information:

Association: _____

Team Name: _____

Head Coach

Name: _____

Phone Number: _____

Email: _____

Team Manager

Name: _____

Phone Number: _____

Email: _____

Association Hockey Director

Name: _____ Signature _____

Phone Number: _____

Email: _____

Player 1 Info:

Name: _____

Playing Season requested: _____

Birthdate: _____

Reason for request: _

Player 2 Info:

Name: _____ Playing Season requested: _____

Birthdate: _____

Reason for request:

Player 3 Info:

Name: _____ Playing Season requested:

Birthdate: _____

Reason for request:

Player 4 Info:

Name: _____ Playing Season requested:

Birthdate: _____

Reason for request:

To be complete by AAHA Staff Only:

Approve Deny AAHA Representative _____ Date:
