



GARDEN CITY HOCKEY ASSOCIATION – CHANGE OF AGE DIVISION REQUEST

Please submit this form to the Garden City Hockey Association board of Directors.

Consideration on a case to case basis will take into account the following:

- a) If the spot requested would prevent another player in the requested age group from participating.
- b) If the players lack of ability will put him/her at risk for injury - Skill level to be determined by previous coach and coach of team player is requesting to move up to.

Parent Name: _____ Phone: _____

Player's Name (Print): _____ Date of Birth: _____

Current Age Division: _____

Requested Age Division: _____

Reason for request: _____

Signature of Approval: _____ Print Name: _____

Current Head Coach

Signature of Approval: _____ Print Name: _____

Head Coach of Requested Age Division

Please return to gchapresident@gmail.com or Association Registrar: s.langea@hotmail.com

FOR BOARD USE ONLY

Request Approved: Request Denied: Date: _____

Justification: _____
