

**LMBA MANAGER FREEZE PERMISSION FORM**

*Must be Submitted to Division Commissioner or Other Board Member by  
AUGUST 20, 2018 by 11:59 pm (ALL DIVISIONS)*

**DATE:** \_\_\_\_\_

**Junior / Senior**  
*CIRCLE ONE*

**DIVISION:** Foal / Shetland / Pinto / Mustang / Bronco / Pony  
*CIRCLE ONE*

**I GIVE PERMISSION FOR:** \_\_\_\_\_  
*MANAGERS NAME*

**TO FREEZE MY CHILD:** \_\_\_\_\_  
*PLAYERS NAME / DATE OF BIRTH*

**FOR THE** \_\_\_\_\_ **SPRING SEASON / WINTER SEASON.**  
*YEAR CIRCLE ONE*

**I UNDERSTAND THAT IF THE ABOVE MANAGER IS NOT GIVEN A TEAM, I WILL BE NOTIFIED AND, MY CHILD WILL PARTICIPATE IN THE MANDATORY EVALUATIONS AND MY CHILD WILL BE PLACED IN THE OPEN DRAFT AS PER THE LMBA LEAGUE RULES.**

\_\_\_\_\_  
*PARENT / GAURDIAN SIGNATURE*      **DATE:** \_\_\_\_\_

**I UNDERSTAND THAT THIS DOES NOT GUARANTEE THAT I WILL BE RATIFIED AND/OR SELECTED AS A TEAM MAANGER. IF SELECTED AS A MANAGER, I AM ELECTING TO FREEZE THE PLAYER REFERENCED IN THIS FREEZE FORM.**

\_\_\_\_\_  
*SIGNATURE OF PROPOSED MANAGER*      **DATE:** \_\_\_\_\_

Do not write in area below

BOARD APPROVAL: YES / NO	Junior / Senior
MANAGER SELECTED: YES / NO	
COMMENTS: _____	
_____	
_____	
DIVISION COMMISIONEER: _____	DATE: _____