

**LMBA MANAGER FREEZE PERMISSION FORM**

*Must be Submitted to Division Commissioner or Other Board Member by*

*January 27<sup>th</sup> 2024 at 5 pm (ALL DIVISIONS)*

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

**Junior / Senior**

CIRCLE ONE

**DIVISION:** Foal / Shetland / Pinto / Mustang / Bronco / Pony / Colt

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.**

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

PARENT / GAURDIAN SIGNATURE

**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.**

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

SIGNATURE OF PROPOSED MANAGER

Do not write in area below

BOARD APPROVAL: YES / NO

Junior / Senior

MANAGER SELECTED: YES / NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIVISION COMMISIONEER: \_\_\_\_\_ DATE: \_\_\_\_\_