



Edmonton Ringette

PLAYER MOVEMENT REQUEST FORM

Player Name: _____

Current Age Division: _____ 1st or 2nd Year _____

Requested Division: _____

Justification: Please explain why the age current division will not meet the players needs

(use reverse if necessary)

Submitted By: _____

Signature: _____

Date: _____

FOR EDMONTON RINGETTE ASSOCIATION EXECUTIVE USE ONLY

Received By: _____

Date: _____

Reference Number: _____

This section is applicable only if request is to "Play Up"

Executive Committee Decision: Approved Denied Date: _____

Decision Rationale: _____

(use reverse if necessary)

This section is used to document evaluation results

Evaluation Results: Approved Denied Date: _____

Rationale: _____

(use reverse if necessary)

Submitter Notified? _____ By Whom? _____ Date: _____