



New Sarepta Minor Hockey Association

NAI INTERNAL TIERING REQUEST FORM

This form is to be used to determine the best tier for your team. While tiering is done early on before the season gets started, early projections are subject to discrepancy and therefore we ask that you fill out this form to better inform the Executive where you feel your team ranks within the league. If you feel that you are competitive at the level you are at, not at all competitive or way out of your league, simply fill out the form below with as much information as possible so we can better help you with tiering this season.

(Please use as much detail as possible when comparing teams. Scores and shots for and against between you and other teams is very helpful)

Section 1

Team you are representing (ex. Atom B):

Name:

Position on team:

Current tier:

Tier you would like to be moved to if applicable:

Section 2

Please list all teams you are competitive with currently in the tier you are in and also list any exhibition games you have played if any.

	VS Team Name and Tier	Score	SF	SA	Game Winner
a)					
b)					
c)					
d)					
e)					
f)					
g)					
h)					
i)					
j)					
k)					

**SF- Shots for

**SA- Shots against



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Section 3

Please choose the answer that best describes your current teams tiering situation.

- Yes**, we are comfortable with our current tier. No further movement required
- No**, we are not comfortable in our current tier. Action is required

If you answered No above list as many details as possible describing your current team situation in the tier you have been placed in and why you need to be moved.

Please forward a copy of this form to your Level Director(s) and NAI Representative upon completion. Note this form must be returned before tiering deadlines to be considered. Tiering deadlines are different for all levels of hockey; please check the NAI website under your current tier for deadline details. If form completed after deadline then team will be subject to compensate for all and any costs involved with request. If you have any questions please feel free to contact your Level Director(s) and/or NAI Representative.

Please see below for contact information:

nairep@nsmha.ca

atomandbelowdirector@nsmha.ca

peeweeandabovedirector@nsmha.ca

Name Please Print:

Signature:

Date: