



NLSA Player Movement

Name of Club: _____

Club Contact: _____

Address: _____ Town: _____ Postal Code: _____

Player's Name: _____

Date of Birth: _____ Present Age Category: _____

Requested Age Category: _____

Rational for the request: _____

Requests must be sent to the NLSA office 4 weeks before the start of the tournament with a \$25.00 administration fee.

To: NLSA
39 Churchill Ave
St. John's, NL
A1A 0H7

NLSA OFFICE USE ONLY

Date Received: _____ NLSA Approval: _____