



APPENDIX 2C

C PLAYER MOVEMENT REQUEST FORM

I request that _____ be evaluated to play as an underage/overage player in the _____ division for the following reasons:

(Write on the back of the application if space provided is inadequate)

I have read and understand Appendix 2B of the SCMHA Policy and Procedures Manual in regards to overage and underage players.

ALL MOVES ARE SUBJECT TO PCAHA APPROVAL

Please return this form to the Registrar.

Signature

Print Name