



PLAYER ACCELERATION REQUEST FORM

Player acceleration requests must be submitted by August 15 of the upcoming hockey season

Date of Submission: _____

Name of Player: _____

Date of Birth: _____

Past Hockey Team _____

Division they would like to move up to: _____

Reason:

Name of parent (s) making the request: _____

Email Address: _____

Contact Phone Number: _____

Email requests to : coordinator.camrosehockey@gmail.com