# Member Associations - Lacrosse CanadaLacrosse New Brunswick

## Age Dispensation Request Form

### Athlete Information

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| --- | --- |
| Athlete Name: |  |
| Date of Birth (D.O.B): |  |
| Member Association: |  |
| Parent/Guardian: |  |

### Request Information

|  |  |
| --- | --- |
| Current Age Category: |  |
| Requested Age Category: |  |
| Reasoning for Request: |  |

### Lacrosse New Brunswick Office Use Only

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| --- | --- |
| LNB Executive Member / Technical Director: |  |
| Date Received: |  |
| Date of Completion (Must be within 7 days): |  |