

## NCRRL TRF ADJUSTMENT FORM

NOTE: This process is not intended to build a team's calibre but to maintain a team's minimum roster size and to avoid any last-minute cancellations that may result in expenses to the Host or team.



Tournament Host Association:										
Team Inform	lation: Associa Team N	-					Head C	oach:		
Age Group: Level: Goalie Substitution:	☐ A ☐ YES ☐		FUN3 □ B □	U12 🗆	U14 □ C □	U16	i 🗆	U19 [		
	of Player rticipating First Name		e of Player ostituting First Name	RO # of Player Substituting	Team Name of Player Substituting		of P	n Number layer ituting	Age Group/Level of Player Substituting	Specify Game Numbers or ALL Player Substituting In
APPROVALS: A prior to the tou be considered i Criteria for Subst Each substitute n	Il substitutions for irnament beginning in case of extreme titutes:	players in gam g. Requests ar circumstances on the TRF.	es must be approv e to be submitted t	ed by Ringette Or to savannah@ring	ntario for U19 and getteontario.com. onsidered to keep v	below. Reque within t	The requests receive the guide sexclusive	uest for a su wed less that lines of not ely for the u	n 5 days prior to or dui improving the calibre	eived a <b>minimum of 5 days</b> ring the tournament will only of the team. vill only be accepted for
Maximum of 1 Pi division lower an The team roster Substitutes can n	a maximum of ten (10 rovincial (A) player m id one calibre higher cannot increase in siz not be from a team th ose on a two-team ag	ay substitute pe maximum. e due to substit at is participatir	utes.		and Ringett			-	orm must be used for will apply for all Invita	all Invitational Tournaments tional Tournaments.
Approved By (Print Name)				Position		Signature				Cell Phone Number
Date Form Received			D	Date Approved			Signatu	re of Coach	Revised January 2025	