

TIMMINS RINGETTE ASSOCIATION PLAYER ADVANCMET REQUEST

Player Name:		
Appropriate Age Division		Years Playing Ringette:
Requested Age Division:		
Please provide a detailed description to justify player movement: (Use reverse if needed)		
Submitted by: (Please Print)	Signature:	
Telephone:	Email:	
Date:		
FOR TRA USE ONLY		
Received by:	Date:	
Evaluation Date(s): Evaluation Results:		
Decision:		
Submitter Notified:	Date:	
Signature:		