



PLAYER MOVEMENT REQUEST APPLICATION

APPLICATION DETAILS			
<p>All player movement requests, as per VERA policy, must be submitted to the league prior to team formation for the current playing season.</p> <p>Please print this form and submit it to the President@valleyeastringette.com along with any supporting documentation such as medical doctor notes, etc.</p>			
Athlete Name:		Date of Birth:	
Phone Number:		Email:	
Division based on age:		Home Association	
Division requesting:		Caliber: A B C	
Has this request been made in the past?		If yes, has it been approved in the past?	
Yes No		Yes No	
Please select the reason for your request: <i>**Select all that apply</i>		<input type="checkbox"/> Player is unable to play at their designated age level <input type="checkbox"/> Progressing at a rate significantly less than peers <input type="checkbox"/> Progressing at a rate significantly quicker than peers <input type="checkbox"/> Other (please explain below)	
Please provide a more detailed explanation of the reason for the request: 			
Submitted By (parent or guardian)		Signature:	
VERA President approval		Signature:	
Please send a copy to:		president@valleyeastringette.com	