



REQUEST OWHA TEAM CATEGORY REVIEW (ANOTHER TEAM)

225 Watline Avenue,
Mississauga, Ontario L4Z 1P3
Ph 905-282-9980
recat@owha.on.ca
www.owha.on.ca

This form is to be used for the process of requesting a review of the category of another registered OWHA team. This application will only be accepted if it is submitted as an Official Position of an OWHA Team or Association. A separate form must be completed for each team to be reviewed. Please forward completed forms to recat@owha.on.ca.

This form MUST be endorsed by the Association Re-Cat Signing Officer.

IMPORTANT NOTICE: Please be advised that, upon receipt of this properly completed form, the OWHA will forward page 2 (reverse side) of this form to the Team involved.

Due: Re-cat Request for other team will be accepted **up until December 31st**.

The contact information in the chart below will be kept confidential.

This Request is submitted by:

Name	_____	Position	_____
Team	_____	Team #	_____
Association:	_____	Date	_____
Address:	_____		
City / Town:	_____	Postal Code	_____
Tel #	() _____	Fax #	() _____
		Cell	_____
Email	_____	Signature	_____

Association Re-Cat Signing Officer Name: _____

Association Re-Cat Signing Officer Signature: _____ Date: _____

Please complete the reverse side of this form for review of an OWHA team. The OWHA delegate will then forward a copy of the reverse side of the form plus any supporting documentation that you have submitted to the team involved.

This front page will be retained in the OWHA office. The Applicant's information will remain confidential other than as noted.

Over

