

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 31**st.

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

This Request is	s 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.

The Ontario Women's Hockey Association Categorizing Committee has received an application to review your team's category for this season. Please find below &/or attached, the rationale for the request.



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<u>Pieas</u>	e review the	TOHOWING	OWHA I	eam for	Re-Categ	gorizati	on:				
Team	Name:					Team #:					
Associ	iation:		League:								
Current Division:			Current Category								
Reque	est consideration	for move te	am to: Cate	gory							
should b		. For addition outlined bel	onal informa ow.	ation, plea	se attach s	separate	sheet.	t information that you feel If you are submitting score			
GAME RESULTS / HIGHER LEVEL TEAMS and LOWER LEVEL TEAMS DIVISION and CATEGORY											
Date of Game	Opposing Team Name		Their OWHA#	Their Division	Their Category	Our Score	Their Score	Comments			
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This p	page and subsec	quent pages	will be copie	ed to the te	am noted a	bove an	d the app	propriate OWHA Committees.			