Special Eligibility Appeal Form:

Pre-Season Goalie Gaalie n

1. REASON FOR THE APPEAL:

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1. REQUESTED GOALIE INFO:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

1. ACKNOWLEDGEMENT & AGREEMENT:

I have read and understand the terms and conditions of the Policy & Rules Manual with regard to

Player Eligibility.

I have received permission from our School Principal, the Principal of the Requested Goalie, and the Goalie’s Parent(s) and/or Guardian(s), and understand that the requested goalie cannot play until such permission has been received.

I am requesting that the above-named goalie be eligible to participate in the Pre-Season Games for the purposes of evaluation. I understand that approval of this Appeal does not mean that Player Eligibility for this season’s roster has been approved, and that a Special Eligibility Appeal must be filed separately for that purpose.

Coach Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please send form and any documents to the Chair, Competition Committee. The documents may be scanned and emailed.

Form Created: September 2012, Revised September 2023