Special Eligibility Appeal Form:

Temporary or Short-Term Goalie

1. REASON FOR THE APPEAL:

\* Please note if your goalie is injured, a physician’s note outlining your Goalie’s name, injury and expected return date must be specified (for eg: Groin injury, unable to play 4 weeks from \_\_\_\_ to \_\_\_\_\_\_\_\_).

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. REQUESTED GAME INFO:

Provide the following information for each game the requested goalie will play if approved:

|  |  |
| --- | --- |
| Game # :  | \_\_\_\_\_\_  |
| Date:  | \_\_\_\_\_\_  |
| Time:  | \_\_\_\_\_\_  |
| vs. Team:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Arena:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Game # :  | \_\_\_\_\_\_  |
| Date:  | \_\_\_\_\_\_  |
| Time:  | \_\_\_\_\_\_  |
| vs. Team:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Arena:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |

1. ACKNOWLEDGEMENT & AGREEMENT:

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

Eligibility. I am requesting that this Special Eligibility Appeal be approved.

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

|  |  |
| --- | --- |
| Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |

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

Form Created: September 2011, Updated September 2023