



**Special Eligibility Appeal Form:
Permanent/Full Season Goalie**

1. REASON FOR THE APPEAL:

2. REQUESTED GOALIE INFO:

Full Name: _____

High School Attended: _____ Grade: _____

3. ACKNOWLEDGEMENT & AGREEMENT:

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

I agree and acknowledge that an exhaustive search has been conducted, and that our high school is unable to secure a goalie for the current season from within our school population.

I understand that a letter of permission from our School Principal, the Principal of the Requested Goalie, and the Goalie's Parent(s) and/or Guardian(s) must accompany this form for consideration; and that the Goalie cannot play until such forms are received by the Competition Committee and this Appeal is approved.

I am requesting that this Special Eligibility Appeal be approved.

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 2011

Updated: September 2012

