



**Special Eligibility Appeal Form:
Pre-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 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 Tournament 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.**