Application for Player moving up; Squirt to Peewee, Peewee to Bantam, Girls 10U to 12U and Girls 12U to 14U

We the Parents / Guardians of _____ wish to have our son/daughter move up to
Print

tryout from (level) _____ to (level) _____ at (rink association)
Print Print

_____ Birth Date _____ School Grade _____
Print

_____ _____ _____
Print Parents / Guardians Name Signature Date

_____ _____ _____
Print Parents / Guardians Name Signature Date

_____
Parent/Player Address

Home Association_____

_____ _____ _____
Home Rink Directors Name Signature Date

Squirt, Peewee, Girls 10U, or Girls 12U Coaches Recommendation

_____ _____ _____
Print Name Signature Date

_____ _____ _____
Print Name Signature Date

_____ _____ _____
Print Name Signature Date

_____ _____ _____
Print Name Signature Date

_____
DAHA Representative, or East Youth Hockey Club Representative, Denfeld Association Representative, or Girls Association Representative

_____
Signature

Date approved_____ Date Denied _____

Needs to be submitted to the DAHA office (3) days prior to the DAHA September Board Meeting