UP REQUEST FORM

DATE:	PLAYER NAME:		DOB:
(MUST BE RECEIVED BY THE FRIDAY BEFORE EVALUATIONS WEEK)	LEVEL BY BIRTH YEAR:		REQUESTED LEVEL:
REASON FOR REQUEST:			
PARENT SIGNATURE		SAYHA DC REPRESENTATIVE SIGNATURE (INDICATES ONLY THAT REQUEST WAS RECEIVED)	
\$25 FEE PAID		`	,
AII CRITERIA MUST BE MET FOR THE DC TO CONSIDER A PLAYER MOVE-UP REQUEST: 1. PLAYER SHALL BE EVALUATED IN THE TOP 3 THREE OF THE REGISTERED LEVEL			
2. PLAYER SHALL BE EVALUATED IN THE TOP THIRD OF THE REQUESTED MOVE-UP LEVEL			
3. DC WILL REVIEW THE REQUEST AFTER EVALUATIONS HAVE BEEN COMPLETED AND IF APPROVED, MAKE A			
RECOMMENDATION TO THE SAYHA PRESIDENT FOR FINAL APPROVAL.			
 Please note: NO PLAYER UNDER 8 MAY MOVE UP FROM THE MITE PROGRAM WITHOUT WAHA APPROVAL. MUST ABIDE BY ALL WAHA RULES REGARDING PLAYER MOVE UP REQUEST. NO PLAYER WILL BE GRANTED A MOVE-UP REQUEST FOR MORE THAN ONE YEAR (SKIPPING AN ENTIRE LEVEL BY BIRTH-YEAR). 			
DC NOTES:			
APPROVED		DENIE	D
SAYHA DC REPRESENTAT	ΓΙVE SIGNATURE/DAT	 ΓΕ SAYHA PRESID	DENT SIGNATURE/DATE

SAYHA MOVE-