



## Petition for Playing up One Age Level

This petition must be submitted and approved before March 15<sup>th</sup>. Approval must be authorized by a Club Competitive Vice-President and the Coach of the desired age group

Player Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex \_\_\_\_\_

Current age group \_\_\_\_\_

Desired age group \_\_\_\_\_

Please provide the reason for wanting to play up one age level \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

**Please fax to: 612-359-0572**

**OR Mail to:**

**Daniel Freeman**

**1031 Pennsylvania Ave. N.**

**Golden Valley, MN 55427**

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**Club Use Only**

Request approved \_\_\_\_\_

Request denied \_\_\_\_\_

Club Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Coach Approval \_\_\_\_\_