



**Letter of Request:
Try Out**

THIS FORM IS INTENDED FOR PLAYERS WISHING TO TRY OUT

Player's Date of Birth: _____ / _____ / _____
Month Day Year

Player's Name: _____
Surname Given

Address: _____ Town/City: _____ AB P/C: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Current Division: _____ Division Requested: _____

Reasons for Request: _____

CMHA Carstairs Minor Hockey Association, Hereby, grants permission for the above named player to attend Try Out for

Division: _____

CMHA President Name: _____ **Signature:** _____

CMHA Vice President (1) Name: _____ **Signature:** _____

CMHA Vice President (2) Name: _____ **Signature:** _____

Note: You understand that completion of this form and approval of request means said player can not change divisions after Try Outs.

Thank you for your submission. Unfortunately, our board has declined your request.

CMHA President Name: _____ **Signature:** _____

CMHA Vice President (1) Name: _____ **Signature:** _____

CMHA Vice President (2) Name: _____ **Signature:** _____