GEVA Junior Player
CHANGE OF TEAM REQUEST FORM

Please fill out the following information. **Please note that there will be wait period before you will be able to play with your new team if your request is approved, as the request needs to be reviewed by the Junior Ethics and Eligibility Committee.**

Player Name ____________________________ Date __________________

Current Team ___________________________

Club Affiliation ___________________________

Team's Registered Level: Boy's Girl's 18 17 16 15 14 13 12&u

The above listed player is requesting to be moved to the following team:

Team Name _____________________________

Club Affiliation ___________________________

Teams Registered Level: Boy's Girl's

18 17 16 15 14 13 12&u

By signing below you acknowledge and agree to this request. If you do not agree to this request please explain why in the notes section.

Player Signature _______________________________

Club Rep Signature (Old Team) __________________________

Club Rep Signature (New Team) _________________________

Notes: ____

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FOR OFFICE USE ONLY

Request received _________________ Approved __________ Denied _________

Changes made in database __________ Eligibility Date ________________