



Markham Waxers House League Teammate Request Form



UPDATE: All special request must be received no later than September 1. Requests received after this date will not be considered, so please don't ask.

	Player One Information	Player Two Information
Name		
Division		
Date of Birth		
Phone Number		
Email		
Date		

Reason for request: _____

We understand that:

1. *the primary consideration when forming teams is balancing the teams in a division;*
2. only one request per player will be accepted—*no exceptions;*
3. ***the Markham Waxers may not be able to accommodate all Special Requests received;***
4. requests for coaches will not be considered;
5. in order to be considered, this form must be completed in full and signed;
6. this fully completed and signed form must be scanned and emailed to admin@waxers.com;
7. this form must be received by the Waxers *no later than September 1* in order for the request to be considered;
8. the Waxers will not notify you directly of the outcome of your special request.

I understand and acknowledge my acceptance of the terms listed above.

Player One Parent Name (print legibly)

Parent Signature

Player Two Parent Name (print legibly)

Parent Signature

For office use only

Date received

Request honoured

Request denied

Team _____