



## Markham Minor Hockey Association Teammate Request Form



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

Reason for request: \_\_\_\_\_

We understand that:

1. only one request per player will be accepted—no exceptions;
2. the MMHA may not be able to accommodate all Special Requests received;
3. ***the primary consideration when forming teams is balancing the teams in a division;***
4. requests for coaches will not be considered;
5. a request for two coaches to coach together will be their child's special request;
6. in order to be considered, this form must be completed in full and signed;
7. this fully completed and originally signed form must be delivered to the MMHA office located in Mt. Joy Community Centre, 6140 16<sup>th</sup> Avenue, Markham, ON L3P 3K8;
8. this form must be delivered to the MMHA *prior to the start of evaluations* for the division in order for the request to be considered;
9. the MMHA will not notify you directly of the outcome of your special request.

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*For office use only*

\_\_\_\_\_

Date received

Request honoured

Request denied

Team \_\_\_\_\_