



## Markham Waxers House League Teammate Request Form



**UPDATE: All special request must be received no later than September 16.  
Requests received after this date will not be considered.**

	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](mailto:admin@waxers.com) or mailed to the Waxers office located in Mt. Joy Community Centre, 6140 16<sup>th</sup> Avenue, Markham, ON L3P 3K8;*
7. *this form must be received by the Waxers no later than September 16, 2021 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*

\_\_\_\_\_  Request honoured  Request denied  
Date received

Team \_\_\_\_\_