



**OVERAGE PLAYER MOVEMENT REQUEST FORM**

**FIELD LACROSSE COMMISSION:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**ASSOCIATION:** \_\_\_\_\_

**CONTACT TELEPHONE NUMBER(S):** \_\_\_\_\_

**PLAYER'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**REQUEST FOR MOVEMENT TO  
PLAY DOWN A DIVISION FROM \_\_\_\_\_ TO \_\_\_\_\_ DIVISION**

**PREVIOUS YEARS EXPERIENCE PLAYING LACROSSE:** \_\_\_\_\_

**BRIEFLY COMMENT ON REASONS TO SUPPORT THIS REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANY PLAYER THAT PLAYS DOWN IN A LOWER DIVISION WILL NOT BE  
ELIGIBLE TO PLAY IN PLAYOFFS OR A PROVINCIAL CHAMPIONSHIP.**

**Signature of Parent or Guardian:**  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Association President or Designate:**  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization of Commission:**  
**Approved or Declined (circle one)** \_\_\_\_\_ **Date:** \_\_\_\_\_