



**SPOKANE AMERICAN YOUTH
HOCKEY ASSOCIATION**

APPLICATION FOR PLAYER MOVEMENT – REP DIVISION

Player's Name _____

Player's Date of Birth _____ **Player's Age** _____

Player's Assigned Age Division _____

Desired Level of Play 2008-2009 Season _____

Parent/Legal Guardian does hereby agree to accept the final decision of SAYHA in this request.

Signature of Parent/Legal Guardian

Date

Approval for Try-Out Opportunity:

Coach – Upper Level Division

Date

Player Movement Evaluation & Comments:

The above-referenced player has attended tryouts for the _____ "A" Rep team, as requested. Player has been evaluated using the criteria established by the head coach for this age division with the following results:

_____ Player has successfully met the criteria and has been rostered on the higher level team

_____ Player does not meet the criteria established for players at the higher level division and is therefore eligible for tryouts at the assigned age division.

Additional Comments: _____

Signature of Coach – Upper Level Division

Date

Board of Directors has reviewed this document and has approved/denied the recommendation set forth.

Representative – SAYHA Board of Directors

Date