

**ICELINE MIDDLE SCHOOL HOCKEY LEAGUE
PETITION FOR A NON-CONFORMING PLAYER**

DATE:

PERSON SUBMITTING THE PETITION

PETITIONER'S EMAIL:

PETITIONER'S PHONE NUMBER:

NAME OF PETITIONING CLUB:

TEAM LEVEL:

NUMBER OS PLAYERS CURRENTLY ON YOUR ROSTER:

NAME OF PETITIONED PLAYER:

BIRTH DATE:

PETITIONED PLAYER'S SCHOOL AND DISTRICT:

GRADE:

PETITIONED PLAYER'S CLUB TEAM/LEVEL:

NUMBER OF YEARS PLAYING HOCKEY:

REASON FOR THE PETITION:

APPROVED ___ **DENIED** ___ **DATE** _____

SIGNED: _____
I.L.M.S.H.L. LEAGUE COMMISHIONER