



## Hockey Newfoundland and Labrador

### REQUEST TO PICK UP A PLAYER FORM

Association Requesting Player: \_\_\_\_\_

Division: \_\_\_\_\_

Name of Requested Player: \_\_\_\_\_

Players Birth Date: \_\_\_\_\_

Players Home Association: \_\_\_\_\_

Reason for request:

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

\_\_\_\_\_  
President's Name (please print)

\_\_\_\_\_  
President's Name (please print)

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Association Requesting Player

\_\_\_\_\_  
Association Granting Release

\_\_\_\_\_  
Zone Coordinators Approval

\_\_\_\_\_  
Date Approved