



Hockey NL

REQUEST TO PICK UP A PLAYER FORM - MINOR

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

Minor Area Director's Approval