



DISPENSATION REQUEST

Bylaw Reference:	Primary Club registered with:
Player Name:	Divisions registered in:
Player Date of Birth:	Secondary Club registered with:
Date Player was Registered:	Divisions registered in:

What is the Request:

Circumstances and Reasons for the request **(please indicate if information has been attached to this form):**

Primary Club: _____ Club Official Position: _____

Official's Name: _____ Signature: _____ Date: _____

Secondary Club: _____ Club Official Position: _____

Official's Name: _____ Signature: _____ Date: _____

THC Decision: <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	THC Meeting Date:
	Unanimous Vote: <input type="checkbox"/> YES <input type="checkbox"/> NO

Basis of the decision made by the THC **(please indicate if information has been attached to this form):**

On behalf of the THC, Hockey Manager Signature: _____ Date: _____

Board Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Board Meeting Date:
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Basis of the decision made by the Board:

President or Chair Signature: _____ Date: _____