



Player Movement Form

All requests for Player Movement must be submitted by the Parent/Guardian to the BC Peace Predators Female Hockey Society Board of Directors for review. Player movement policies can be found in Predators' Policies 6.I.

Players Name/ Contact Information:

Last Name: _____ First Name : _____

Date of Birth ___/ ___/ ___ (year/month/day) Address: _____

City: _____ Postal Code: _____ Phone: _____

Email: _____

Current Division: _____ Division Requested: _____

Team Last Season: _____

Please Describe Reasons for Player Movement Request:

We, the undersigned, understand that request for Player Movement is subject to approval to be evaluated, and following player evaluations will be approved or denied based on the assessment of evaluators. The decision once made cannot be reversed unless there are extenuating safety & risk factors approved by the Board. Player movement approval is valid for the current season only.

Parent/ Guardian

Signature

Predators President

Signature