



## O.A.S.A. SPECIAL PERMISSION FORM

Team Requesting Special Permission \_\_\_\_\_

Centre Requesting Special Permission \_\_\_\_\_

Series: Master ( ) Men ( ) Junior ( ) Midget ( ) Bantam ( ) Pee Wee ( ) Squirt ( ) Mite ( ) Jr. Mite ( )

Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

### Player Information Required:

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Last Team Played With \_\_\_\_\_

Centre \_\_\_\_\_ Year \_\_\_\_\_

### Team Information Required:

Name of Team: \_\_\_\_\_

Manager of Team \_\_\_\_\_

Address of Manager \_\_\_\_\_

Contact Info: Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: A PLAYER RELEASE FORM FROM THE PLAYER'S RESIDENT CENTRE, IF REQUIRED MUST ACCOMPANY THIS FORM.**

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

PLEASE SEND TO O.A.S.A. REGISTRAR: Mary Myers, 44 Hilltop Blvd., Stouffville, Ont. L4A 2G1