



**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: \_\_\_\_\_ Street: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Player Information Required:

1. Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Last Team Player (or players) signed with:

1. Team: \_\_\_\_\_ Centre: \_\_\_\_\_ Year: \_\_\_\_\_

2. Team: \_\_\_\_\_ Centre: \_\_\_\_\_ Year: \_\_\_\_\_

Reason for request:

**Note: A Player Release Form from the player's resident centre, if required, must accompany this form.**

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Please send to the O.A.S.A. Registrar: Mary Myers, 44 Hilltop Blvd., RR #1, Gormley, On L0H 1G0**