



WOODSTOCK MINOR HOCKEY
ASSOCIATION INC.

381 Finkle St
Woodstock, Ontario
519-539-3181

Request to play up one division

Date: _____

Players Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Division going into this season: _____

Division requesting to play up: _____

Position: _____

Parent/guardian signature:

**Must be submitted 30 days before the first try out, via email
(wmha.gm@outlook.com)**