



## REQUEST TO PLAY FOR ANOTHER SCHOOL

Note: Email or fax to the SSNL office (726-2705/sconnolly@schoolsportsnl.ca) no later than 3 weeks prior (2 weeks for slo-pitch and soccer) to the Qualification tournament date or by registration deadline in the case the Provincials.

**\*This section to be filled out and signed by the requesting student's school.**

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Sport: \_\_\_\_\_

Does your school offer a program in the sport in question? \_\_\_\_\_

Give a brief history of the sport in question at your school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Athletic Director

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**\*Section filled out and signed by school the student is assigned to play with by the SSNL Regional Director.**

School That Student is Assigned to Play With: \_\_\_\_\_

How many students does your school team currently have? \_\_\_\_\_

Give a brief history of the sport in question at your school:

\_\_\_\_\_  
\_\_\_\_\_

Will players from your school be dropped so that a student from another school can play? \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Coach