

This Request is submitted by:

APPLICATION TO REQUEST A REVIEW OF THE CATEGORY OF ANOTHER OWHA TEAM

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This form is to be used for the process of requesting a review of the Category of another registered OWHA team. This application will only be accepted if it is submitted as an Official Position of an OWHA Team or Association. A separate form must be completed for each team to be reviewed.

IMPORTANT NOTICE: Please be advised that, upon receipt of this properly completed form, the OWHA will forward page 2 (reverse side) of this form to the Team involved.

Please reference the 2012-2013 OWHA Handbook for complete details including deadlines.

The contact information in the chart below will be kept confidential.

Name	Position
Team	Team #
Association:	Date
Address:	
City / Town:	Postal Code
Tel#	(Fax #(Cell
Email	Signature

Please complete the reverse side of this form for review of an OWHA team. The OWHA delegate will then forward a copy of the reverse side of the form plus any supporting documentation that you have submitted to the team involved.

This front page will be retained in the OWHA office. The Applicant's information will remain confidential other than as noted.

The Ontario Women's Hockey Association Categorizing Committee has received an application to review your team's category for the 2012-2013 season. Please find below &/or attached, the rationale for the request.



APPLICATION TO REQUEST A REVIEW OF THE CATEGORY OF ANOTHER OWHA TEAM

Feam Name:	Team #:
Association:	League:
Current Division:	Current Category
Request consideration for move team to: Ca	tegory