



Hockey Newfoundland and Labrador

REQUEST TO PICK UP A PLAYER FORM

Association Requesting Player: _____

Division: _____

Name of Requested Player: _____

Players Birth Date: _____

Players Home Association: _____

Reason for request:

President's Name (please print)

President's Name (please print)

President's Signature

President's Signature

Association Requesting Player

Association Granting Release

Zone Coordinators Approval

HNL Approval