



Mother Lode Youth Soccer League



Move-Up Request Form

Players name: _____ Date of Birth: ____/____/____ Boy Girl

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

I request the above child to move-up one (1) age division from U_____ to U_____

Detailed justification for request: _____

_____ I understand this request will be considered based on (1) needs of my home area (2) space (Initial) available on a team, and (3) validation of the justification.

_____ I understand this request must be coordinated and approved by all required persons at the (Initial) Board of Directors Meeting and I will be notified whether this request is approved or denied.

_____ I understand if approved, my child will play for ONE EXTRA year in that age division. (Initial)

_____ I understand if approved, it is not revocable by me after my child is placed on a team. (Initial)

Parent/Guardian: (Signature) _____ Date: _____

(Printed) _____

Person	Approve	Deny	Signature	Date
League Registrar	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for Denial:				