

## **Player Eligibility Evaluation/Request**

In compliance with UHSH Polic			
determinations in order to play			
the Trustee with assistance fro			orwarded to
the Eligibility Committee by em			
Please allow at least one week	to evaluate and rende	er a decision by return email.	
Players Name:		Players Age:	
Players Position:		Current Grade:	
Current Jr High/High School:			
Current UHSH Team:			
For JV Eligibility, please contin	ue. For Non-JV Eligib	oility, skip to "Comments":	
Current/Previous Travel/Tier Te	eam:		
Travel/Tier Head Coach:			
Number of years of travel playe	ed:		
Players Stats (last full season)			
Total Goal: T	otal Assists:	PIM:	
Has the player been selected to	o the High School Sele	ect or All-Star team: Yes	No
Comments/Reason for Reques	t:		
Trustee Signature:		Date Submitted:	