**Appendix D**
**Play Up Request Form**

Please complete this form in its entirety and submit it to the Registrar on or before the end of the final Registration Day event.

Child's Full Name _____

Child's Current Age Division (Circle one):

3s 4-5 U8 U11 U15

Number of years child has been a registered player with CCYSA prior to this year _____

Previous Coach's Name or Previous Team Name _____

Parent/Guardian's Full Name _____

Reason for Play Up Request (Please provide a detailed explanation of the unique circumstances leading to your request, as detailed in Section B, Article 4.4).

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