Appendix A
Uniform Variance Request Form

Please complete this form in its entirety and submit it to your child's coach at least 1 week prior to the first scheduled game of the season.

Child's Full Name _____

Child's Age Division (Circle one):

3s 4-5 U8 U11 U15

Child's Head Coach's Name or Team Name _____

Parent/Guardian's Full Name _____

Reason for Uniform Variance Request (Please provide a detailed explanation of the hardship or unique circumstances preventing compliance with policy in Section A.14.)

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