UNITED WOMEN'S HOCKEY LEAGUE

Playoff Waiver Request Form

Please complete the information below.

Player Name: _____ Date of Request: _____

Team Name: _____ Division/Conference: _____

Reason for Waiver Request

Provide all information that you feel is relevant to the request:

What was the date of the first game you were able to return to play after injury/absence? _____

How many UWHL games did you miss due to injury/absence? _____

How many UWHL games did you play this season? _____

How many UWHL games are remaining for your team in the season as of the date of this request? _____

For Executive Committee Use Only			
Approved:	Yes No	Date:	
Decision Sent to Team (Date):			
Executive Committee President (Initial):			