



## 8U Team Mini-Mite Play Up Request Form

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The Arizona Amateur Hockey Association (AAHA) requires any 8U team wishing to petition the Mite Committee to have a player under the age of 7 (mini mite) to participate on an 8U select team to please provide the following information. All information on this form must be completed and forwarded to the Mite Committee for review. All requests must be signed by the respective associations Hockey Director.

Following the review of the specifics by the Committee, you will receive an email with formal approval or denial of the request. For additional information or questions, please contact the Mite Committee Chairman, Kayman Wong at 480-363-6185.

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### Team Information:

Association: \_\_\_\_\_ Team Name: \_\_\_\_\_

### Head Coach

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Team Manager

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Association Hockey Director

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Player 1 Info:

Name: \_\_\_\_\_ Playing Season requested: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Reason for request:

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**Player 2 Info:**

Name: \_\_\_\_\_ Playing Season requested: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Reason for request:

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**Player 3 Info:**

Name: \_\_\_\_\_ Playing Season requested: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Reason for request:

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**Player 4 Info:**

Name: \_\_\_\_\_ Playing Season requested: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Reason for request:

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**To be complete by AAHA Staff Only:**

Approve  Deny  AAHA Representative \_\_\_\_\_ Date: \_\_\_\_\_