



**DEADLINE TO SUBMIT FORM IS NOVEMBER 15, 2020**

**2020-21 DUAL ROSTERING REQUEST FORM**

**Player Information** *(Print or Type)*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ USA Hockey Age Classification: \_\_\_\_\_

Home Association: \_\_\_\_\_ (Association whose boundaries player resides in)

Birth Date: (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ USAH #: \_\_\_\_\_

**DUAL ROSTERING RESTRICTIONS**

Dual rostering requests will be considered for: an association need to make a roster of 14 players or less, a goaltending need, or another specific need identified by the association. No more than 50% of players on the approved roster may be dual rostered. WAHA Regional Directors and the Girls' & Women's Section Director will make all final decisions for all dual roster requests. Teams in violation of these restrictions will not be eligible for WAHA State Tournament participation.

**Check category for request to move up:**

- Association need to make a roster of 14 players or less
- A goaltending need
- Other need identified by association (Explain) \_\_\_\_\_

**DESIGNATION OF PRIMARY TEAM**

A female skater on two teams at the same age level must designate a primary team no later than November 15th of the playing year. The designation must be communicated to the WAHA Girls' & Women's Section Director through use of this form. The female skater will participate in all games, practices, tournaments, and activities with her primary team. She can participate with her secondary team only when it does not conflict with her primary team, unless the coaches of the two teams reach an agreement. The primary team will be the one she will participate with for state play downs and state tournament. In the event her primary team does not qualify for a state tournament, she may play with the secondary team if qualified. She may participate in play downs for both teams if there is not conflict.

Primary Team: \_\_\_ Youth \_\_\_ Girls Age Level \_\_\_\_\_ If Youth - Classification: \_\_\_ A \_\_\_ B \_\_\_ C

Primary Team Association \_\_\_\_\_

Secondary Team: \_\_\_ Youth \_\_\_ Girls Age Level \_\_\_\_\_ If Youth - Classification: \_\_\_ A \_\_\_ B \_\_\_ C

Secondary Team Association \_\_\_\_\_

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed form to WAHA Girls' & Women's Section Director Jeremy Gesicki, W14089 Selwood Drive, Prairie du Sac, WI 53578 or email to [Jeremy.Gesicki@WAHAHockey.com](mailto:Jeremy.Gesicki@WAHAHockey.com) (Section Director will forward request to the proper Region Directors for action to be taken. Association will be notified by Region Directors for approval or disapproval).