



STATEWIDE AMATUER HOCKEY OF FLORIDA, INC.
FINANCIAL RELEASE FORM
2002-2003 SEASON

Player Information:

Name: _____ Phone #: _____ DOB: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Jersey #: _____

Rink/League: _____ Team Name: _____

Age division of last team: Mite Squirt Pee wee Bantam Midget

Head Coach: _____ Season Played: _____

I, _____ as parent/guardian of _____

am requesting him/her to be released from _____ . To the best

of our knowledge, we have satisfied all of our financial obligations to this organization.

Signature Parent/Guardian : _____ Date: _____

**

***Response must be made in writing within 10 days of receipt of this request.**

Release Approved:

_____ has satisfied his/her financial obligations for release to:

_____. Date: _____

Signature/Title: _____

Release Denied:

_____ is denied release from this organization due to the following reasons:

Signature/Title: _____ Date: _____

Contact for questions: _____ Ph #: _____

*Please note: If this request is denied, the applicant may appeal to: SAHOF Youth Committee
 Co-Chairs: North- Bob Simonini: Robert.simonini@swpc.siemens.com or 407-876-7448
 South- Greg Richard: gregr@flips.net or 561-753-7232