



Age Up and/or Unit Move Request

Name: _____ Birth Date: _____ HS Area: _____

Signature _____ Submission Date: _____

	Yes	No
Did you play for this Coach last season?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have immediate family members currently on this team? (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a special hardship or circumstance we should consider? (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been allowed to "age up" in the previous two seasons? (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have negative history with your "home color" unit coach? (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments you would like to have the FC Clovis Board consider:		

Board Comments:	Accepted	Denied
 	<input type="checkbox"/>	<input type="checkbox"/>

FC Clovis President
(signature)

Date