



2015 Spring Fling Player Waiver Application

Player Name: _____ Age Division: _____ Date: _____

Current Team Playing On: _____ Team Requested to Play On: _____

List all teams player was rostered on for 2014-15: _____

Reason for request: _____

Decision: Yes: ____ No: ____ Explanation: _____

Tournament Director Signature and Date: _____

Please email application to: sschmidt@slco.org or fax to: 385-468-1924