

# Washington County Girls Softball League

## Special Request Form

Please fill in all applicable information below. Please be as complete with your information as possible. The league tries to honor all legitimate requests; however, there is no Guarantee.

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

Team Name Last Year: \_\_\_\_\_

Please select the appropriate division:

Elementary School

Middle School

High School

Reason for Special Request:

New Team

Move-up a Division

Borrowed Player

Special Request:

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Reason for Request:

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\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date (xx/xx/xxxx)

\_\_\_\_\_  
Signature of Parent/Guardian

In the event we need to discuss this request, please provide the following information.

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

This information on this form will remain **Confidential**