NFWASA Bracket Change Request

Team Name _____

Coach's name _____

Current Bracket Age Group:_____ Division:_____

End of Previous Season Standings: W _____ L _____ T _____
Season: _____

Requested Bracket Age Group: _____ Division: _____
Starting Season: _____

Current Uniform Color _____

Roster

Name	DOB	Seasons Played

Reason for requesting to change current bracket:

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Coach's Signature Date

By signing this form, the coach ensures the NFWASA board that he/she has communicated the desire to change the age group and/or bracket of this team to all of the parents on the current team roster and all parents are in agreement to such change.