



**APPLICATION
TO REQUEST A REVIEW
OF THE CATEGORY
OF ANOTHER
OWHA TEAM**

#3-5155 Spectrum Way
Mississauga, Ontario L4W 5A1
Ph 905-282-9980
Fax 905-282-9982
info@owha.on.ca
www.owha.on.ca

This form is to be used for the process of requesting a review of the Category of another registered OWHA team. This application will only be accepted if it is submitted as an Official Position of an OWHA Team or Association. A separate form must be completed for each team to be reviewed.

IMPORTANT NOTICE: Please be advised that, upon receipt of this properly completed form, the OWHA will forward page 2 (reverse side) of this form to the Team involved.

Please reference the 2010-2011 OWHA Handbook for complete details including deadlines.

The contact information in the chart below will be kept confidential.

This Request is submitted by:

Name	_____	Position	_____
Team	_____	Team #	_____
Association:	_____	Date	_____
Address:	_____		
City / Town:	_____	Postal Code	_____
Tel #	() _____	Fax #	() _____ Cell _____
Email	_____	Signature	_____

Please complete the reverse side of this form for review of an OWHA team. The OWHA delegate will then forward a copy of the reverse side of the form plus any supporting documentation that you have submitted to the team involved.

This front page will be retained in the OWHA office. The Applicant's information will remain confidential other than as noted.

Over →

