

**TEAM CHANGE REQUEST FORM**  
**(To be turned into Management)**

**All requests must be approved and signed by coaches to be accepted by management for authorization!**

Date of Request: \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_ REQUESTER'S NAME: \_\_\_\_\_

Current Team Level: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Check One Below:**

\_\_\_ Request for Tuition Fee INCREASE due to Level change or increase in weekly practice hours.

New level: \_\_\_\_\_ Current weekly practice hours: \_\_\_\_\_ New weekly hours: \_\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved by: \_\_\_\_\_

Coach's Signature (required)

\_\_\_ Request for Monthly REDUCTION due to \_\_\_\_\_ (e.g. injury, illness... Doctor's note is required)

Current weekly practice hours: \_\_\_\_\_ New weekly hours: \_\_\_\_\_ Fee: \$\_\_\_\_\_.\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Returning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_

Coach's Signature (required)

\_\_\_ Request for EARLY Contract Termination - Buyout Fee applies

Due to \_\_\_\_\_ (e.g. injury, moving...)

Requested termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved by: \_\_\_\_\_

Coach's Signature (required)

Buyout Fee: \$\_\_\_\_\_.\_\_\_\_ (see Buyout Schedule in your signed contract)

\_\_\_ To be paid: \_\_\_ as a one-time fee to charge to credit card on file

\_\_\_ To be paid \_\_\_ in 2 3 installments charged to credit card on file

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Request authorized by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Manager's signature

REQUESTS ARE NOT RETROACTIVE  
REQUEST MUST BE APPROVED and SIGNED BY YOUR COACH  
REQUEST MUST BE AUTHORIZED BY MANAGEMENT