



WDNA Regrade Request Form

Season: Winter

Year: 2024

Club:				Team Number:	
Current Grade/Year Level: (Open/18s/NSG)		Current Division (Eg blue, dockers, etc.):		Request: (to move?)	Higher <input type="checkbox"/> Lower <input type="checkbox"/> New Div Request: ____
Coach Name:				Phone No:	
Games:	Score For	Score Against	Notes:		
Game Your team vs	:				
Game Your team vs	:				
Game Your team vs	:				
Game Your team vs	:				
Game Your team vs	:				

Additional Info:

Did club send through grading request for this team before season started?

Yes

No

Are there any players with pre-existing medical conditions or disabilities in this team which need to be taken into consideration?

Yes

No

Are any players in this team playing up or down on a permit for this season?

Yes

No

Further Comments:

Club Rep Signature:			Date:	
OFFICE USE ONLY:	APPROVED / DENIED			
Comments:				
Signature:			Date:	