## THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

## **Rule Waiver Request**

## COMPLETE AND SUBMIT TO STAKE SPORTS SPECIALIST BEFORE STAKE PLAY

This form is to be attached to the Eligibility Declaration and Team Roster

FOR WHOM IS THE REQUEST BE Name (please print)		Address	1			Telephone(s)		Date of birth  Member or Non-member	
WHAT RIJLE I	OO YOU WANT	WAIVFD?		WHYI	OO YOU WAN	T THE R	PIII.F WAI	VED?	
<ul> <li>WHAT RULE DO YOU WANT WAIVED?</li> <li>□ Combining ward teams.</li> <li>□ Playing outside ward or stake boundaries.</li> <li>□ Age rule.</li> <li>□ Other:</li> </ul>					<ul> <li>WHY DO YOU WANT THE RULE WAIVED?</li> <li>□ Not enough participants to fill a team.</li> <li>□ Sport not offered in the ward or stake.</li> <li>□ Fellowshipping.</li> <li>□ Other</li></ul>				
WHAT ORGAN	VIZATION AND	1, 7	L YOU BE			V?			
	CHECK ONE		1	$\rightarrow$		╢		BOX BELOW	
☐ Deacons	☐ Beehives	□ YM		s [	Co-ed	☐ Bas	ketball	□ Soccer	
☐ Teachers	☐ Mia-maids	□ YW	☐ Veterai	ns [	Singles		tball	☐ Flag Football	
☐ Priests	☐ Laurels		☐ Womei	n 🗆	Other		leyball	□ Other	
IF OTHER, SPECIFY:						IF OTHER, SPECIFY:			
I/we hereby certify	F BISHOP/STAK that the persons lis			ized to po			ed ward.		
WARD			STAKE						
Bishop (print)				Presidency member (print)					
Signature				Signature					
Telephone(s)				Telephone(s)					
Email				Email					
				!					
	F BISHOP/STAK								
I/we hereby certify that the persons listed above is eligible and authori. WARD				STAKE					
Bishop (print)				Presidency member (print)					
Signature				Signature					
Telephone(s)				Telephone(s)					
Email				Email					

## PARTICIPANTS WHO WILL BE MERGING WITH ANOTHER WARD/STAKE TEAM

Name (please print)	Address	Telephone(s)Telephone(s)	Date of birth
			Member or Non-member
Name (please print)	Address	Telephone(s)	Date of birth
			Member or Non-member
Name (please print)	Address	Telephone(s)	Date of birth
			Member or Non-member
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