



Request to participate in Exhibition Game

**** Must be sent in to forms@wnmha.com at least 48 hours in advance****

Team Name: _____

Division/Category: _____

Name of Opposing team: _____

Opposing Team's HCR #: _____

Area/Location of Game: _____

Team Contact Name: _____

Phone#: _____

Signature: _____

**** Both Teams must submit Exhibition game requests in order to obtain approval**