



**BASE CATEGORY REVIEW FORM
 2009-2010 SEASON**

- This form must be completed in full and filed with the **OMHA Office by 4:00 P.M. May 31st** in order for a **category** review to proceed. It may be submitted by mail or facsimile.
- **Submit copy of form & evidence in support to your Regional Executive Member.**
- Ensure centre authorization signatures are on the form. A review form without authorization will not proceed.
- There are no review fees required for a base **category** review.

CENTRE CURRENT INFORMATION

CENTRE:		BASE CATEGORY:	
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CENTRE CURRENT INFORMATION

REQUEST TO BE RE-CLASSIFIED TO: (CATEGORY)	
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CENTRE AUTHORIZATION INFORMATION

Position	Print Name	Signature
PRESIDENT:		
CONTACT or SECRETARY:		

REVIEW FILING INFORMATION

	Print Name	Signature
FILED BY:		
ADDRESS:		
TELEPHONE #:		Fax:

Grounds supporting your base category review:

- Record by division in Playdowns over a five-year period (Each Team)
- Record in league over a five-year period (Each Team)
- **Category** of other centres in league
- Record of each game played including centre, **category** & score of team played in any league, exhibition, or tournament game for the current season (Each Team)
- Any extenuating circumstances to be considered

Upon receipt of a properly filed review form, the OMHA Office will process the review form as follows:

1. Confirmation of **category** review form is faxed or email to centre asking for review
2. Results of the base **category** review will be faxed, mailed or emailed to the centre immediately following the review by the **Classification Committee**

DATE RECEIVED
FOR OFFICE USE ONLY

Member of:

