PLAYER REPLACEMENT FORM

Section 1

Competition: Team Name:

Date of Request:

Full Name: Jersey Number:

Reason for Replacement:

☐ Injury ☐ Administrative Error ☐ Medical Condition ☐ Suspension ☐ Personal Reasons

☐ Other:

SECTION 2 – REPLACEMENT PLAYER

Full Name: Date of Birth: Nationality: Jersey Number:

SECTION 3 – TEAM DECLARATION

We hereby request approval for the above player replacement and confirm that:

1. All information provided is true and accurate.
2. The replacement player meets all eligibility requirements of the competition.
3. The team accepts all decisions made by the WMMF Competition Department regarding this request.
4. Any false declaration may result in disciplinary action.

Team Official Name: Position:

Signature: Date:

SECTION 4 – SUPPORTING DOCUMENTS

Please attach where applicable:

☐ Medical Certificate ☐ Identification Document

☐ Other ☐ See Attached

SECTION 5 – WMMF Technical Delegate (TD)

Request Received By: Date Received:

Decision:

☐ Approved ☐ Rejected

Reason/Comments:

Authorized WMMF Official:

Name:

Position:

Signature:

Date:

OFFICIAL USE ONLY

Replacement Effective Date: