



**Ontario Sledge Hockey Association
Application for
Rule Variance**

Request Details			
Date:			
Team Name:			
Team Representative:		Position:	
Rule Number:			
Reason for Request:			
Other Details:			
Signature:			
DECISION (OSHA USE ONLY)			
Request Number:			
Variance Approved:	<input type="checkbox"/>		
Variance Denied:	<input type="checkbox"/>		
Conditional Variance Approved:	<input type="checkbox"/>		
Reasons:			
OSHA Rep:		Position:	
Date:			
Signature:			