

Ohio Gridiron Youth Football Association

Exception Form

Organization: _____

Player: _____

DOB: _____

Correction Division
Based on Age: _____

Proposed Division: _____

Reasoning for Change: _____

One year only: YES or NO
If yes, renewal needed next year

If No, no renewal needed

Director: _____ Date: _____

Commissioner: _____ Date: _____

Stamp: