



# LITTLE LEAGUE REQUEST TO "PLAY UP"

ALL REQUESTS MUST BE SUBMITTED ON OR BEFORE MARCH 1ST.



- All requests to "play up" will be forwarded to the **PRESIDENT** responsible for the program.
- You will be contacted with approval or denial of your request within **30** days.
- Requests to "play up" will only be granted in exceptional circumstances. It is ESMLL'S philosophy to play children in age/grade appropriate divisions in the best interest of their overall athletic development and that children play within their grade level for the social aspects of the program and their abilities to deal with kids that they go to school with, regardless of their age.
- You must register for the division your son/daughter is eligible to play and then submit this written request.

**\*\*ALL INDIVIDUALS REQUESTING TO "PLAY UP" WILL BE SUBJECT TO A TRY OUT TO DETERMINE SKILL LEVEL\*\***

Program Name: \_\_\_\_\_ Program ID: \_\_\_\_\_

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Division Eligible to Play: \_\_\_\_\_ Division Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: JPLEZZ@GMAIL.COM Date: \_\_\_\_\_

**If you have any further questions please don't hesitate to contact:**

**JONATHAN PLESENT    JPLEZZ19@GMAIL.COM    631-767-0591**

**OR**

**SARA PALACE    SARAPALACE@LIVE.COM**

*For Office Use Only:*

Approved    Denied    Reason: \_\_\_\_\_ Signed: \_\_\_\_\_

Date Approved by Executive Director: _____
Executive Director's Signature: _____
Revised/Reviewed Date: _____



**ESM LITTLE LEAGUE  
P.O. BOX 701 MANORVILLE, NY 11949**