

TRANSFER RELEASE FORM

Please allow my daughter(s)			
Name	Age as of August 31st	Division	Years Played
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Name	Age as of August 31st	Division	Years Played
Address:		Phone:	
to transfer from	to		
Pre played at the registering league for one or more your Mother played at the registering league as a child Parent coaches at the registering league Relatives or friends play at registering league Other	ears I live close Transporta Personal p		istering at
		Date:	
(Signature of Parent or Guardian) I feel this transfer request is valid and deserves full of the company of th	consideration.	Date:	•••••
		D.	
(Signature of President-Transferring League)		Date:	*****
Transfer approved. (Sign below)			
If not released District President comments:			
Approved by:		Date:	

(Signature of District President)

District should retain one copy and return one copy to each of the respective League Presidents.