



Association Transfer Waiver Form

The Brockton Junior Boxers request a waiver for

_____, DOB _____,
(Player's Name) (Date of Birth)

to play for our association for the 2017 season from the

granting association _____.

Reason for Request: _____
_____.

President of requesting Association: _____

Date: _____ Association Name: Brockton Junior Boxers

President of granting Association: _____

Date: _____ Association Name: _____