

TRANSFER RELEASE FORM

Please allow my daughter(s)

Name	Age as of August 31 st	Division	Years Played
Name	Age as of August 31 st	Division	Years Played
Name	Age as of August 31st	Division	Years Played
Name	Age as of August 31 st	Division	Years Played
Address:		Phone:	,
to transfer from	to		
for the following reason(s):			
I've played at the registering league for one or more years	L live close	er to the league I'm regi	stering at
Mother played at the registering league as a child	Transportation		
Parent coaches at the registering league	Personal preference		
Relatives or friends play at registering league		Jererence	
Other			
	_	Date:	
(Signature of Parent or Guardian)		• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •
I feel this transfer request is valid and deserves full cons	sideration.		
	_	Date:	
(Signature of President-Registering League)	AGUE	• • • • • • • • • • • • • • • • • • • •	*****
Player(s) is/are released. (Sign below)			
If not released President comments:			
		Date:	
(Signature of President-Transferring League)	 · • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Transfer approved. (Sign below)			
Approved by:			
Approved by:		Date:	