



PLAYER / TEAM STATUS FORM

To Transfer and Drop Players

NAME (print) _____ DATE OF BIRTH _____
ADDRESS _____
CITY _____ STATE: _____ ZIP: _____
SIGNATURE – Player _____ PHONE _____
SIGNATURE – Parent _____ PHONE _____

**THIS FORM MUST BE COMPLETED IN FULL
OR IT WILL NOT BE PROCESSED.**

PRESENT TEAM / CLUB _____
ADDRESS _____
AGE DIVISION _____
LEAGUE _____

TRANSFER REQUEST Player is being transferred from another team.

NEW TEAM / CLUB _____
ADDRESS _____
AGE DIVISION _____
LEAGUE _____

REQUEST FOR RELEASE

REQUEST FOR INVOLUNTARY RELEASE (LIST REASON IN SPACE PROVIDED BELOW)

SIGNATURE – LEAGUE REGISTRAR _____ DATE _____

PLAYER / TEAM STATUS FORM – DISTRIBUTION

TRANSFER – Send one copy to each of the following: **RELEASE** – Send one copy to each of the following:
GAINING TEAM
DESIGNATED LEAGUE REGISTRAR
LOSING TEAM
PLAYER / PARENT
DESIGNATED LEAGUE REGISTRAR
LOSING TEAM