

2025 Player Transfer Request Form

~ Player ~		Date:				
Player's Name:		Age Category: (please ✓)	U15	U13	U11	U9
Address:		Date of Birth:				
City/Town:		2023 Assoc / Team played for: 2023 Provincial Category:				
Parent's Name:		2024 Assoc / Team played for: 2024 Provincial Category:				
Phone #:		Email:				
Level of Requested Team: Reason for requesting release:						

Releasing Association President or Designate			Date Received:		
"Home" Association Name:			Contact Name:		
Contact Phone #:			Contact Email:		
Transfer Approved: <input type="checkbox"/>	Authorized Signature:		Date:		
Transfer Denied: <input type="checkbox"/>	Authorized Signature:		Date:		
Rationale for denied transfer:					

Receiving Association President or Designate			Date Received:		
Association Name:			Contact Name:		
Contact Phone #:			Contact Email:		
Authorized Signature:			Date:		