2025 Player Transfer Request Form

Player's Name: Age Category: (please */) U15 U 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: Reason for requesting release: Parent's Name: Contact Phone #: Contact Phone #: Transfer Approved: Authorized Signature: Date: Transfer Denied: Authorized Signature: Date:	13 U11 U9			
City/Town: City/Town: 2023 Assoc / Team played for: 2024 Assoc / Team played for: 2024 Provincial Category: Phone #: Level of Requested Team: Reason for requesting release: Reason for requesting release: Releasing Association President or Designate "Home" Association Name: Contact Phone #: Contact Phone #: Transfer Approved: Authorized Signature: Date:				
Parent's Name: Parent's Name: 2024 Assoc / Team played for: 2024 Provincial Category: Phone #: Email: Level of Requested Team: Reason for requesting release: Reason for requesting release: Releasing Association President or Designate "Home" Association Name: Contact Phone #: Contact Phone #: Transfer Approved: Authorized Signature: Date:	Date of Birth:			
Parent's Name: 2024 Assoc / Team played for: 2024 Provincial Category:	2023 Assoc / Team played for:			
Phone #: Email: Level of Requested Team: Reason for requesting release: Reason for requesting release: Releasing Association President or Designate "Home" Association Name: Contact Name: Contact Phone #: Contact Email: Transfer Approved: Authorized Signature: Date:	2023 Provincial Category:			
Phone #: Level of Requested Team: Reason for requesting release: Reason for requesting release: Releasing Association President or Designate "Home" Association Name: Contact Phone #: Contact Phone #: Transfer Approved: Authorized Signature: Date:				
Reason for requesting release: Reason for requesting release: Releasing Association President or Designate "Home" Association Name: Contact Phone #: Contact Phone #: Transfer Approved: Authorized Signature: Date:	2024 Provincial Category:			
Reason for requesting release: Releasing Association President or Designate				
Releasing Association President or Designate "Home" Association Name: Contact Phone #: Contact Phone #: Contact Email: Transfer Approved: Authorized Signature: Date:	Level of Requested Team:			
"Home" Association Name: Contact Phone #: Contact Email: Transfer Approved: Authorized Signature: Date:	Reason for requesting release:			
"Home" Association Name: Contact Phone #: Contact Email: Transfer Approved: Authorized Signature: Date:				
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Contact Phone #: Contact Email: Transfer Approved: Authorized Signature: Date:				
Transfer Approved: Authorized Signature: Date:				
Transfer Denied: 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:	