

TRANSFER APPLICATION



Date: _____ Competitive Transfer Request: House League Transfer Request:

Player Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Postal Code: _____

Home District: _____ Home Association: _____

I request a transfer for the above player to the _____ Minor Hockey Association in District _____ for the 20__ - 20__ season. The rationale for the transfer request is as follows:

Parent or Guardian Name: _____ Parent or Guardian Signature: _____

Receiving Association President Name: _____ Signature: _____

Agree _____ Oppose: _____ Comments: _____

Receiving District Chair Name: _____ Signature: _____

Agree _____ Oppose: _____ Comments: _____

Home Association President Name: _____ Signature: _____

Agree _____ Oppose: _____ Comments: _____

Home District Chair Name: _____ Signature: _____

Agree _____ Oppose: _____ Comments: _____