American Legion Softball



Player Transfer Form #76

Please PRINT or TYPE

This form is to be used by players who have been cut and released by an American Legion team. Released players may be eligible to transfer under rules 3.B.1 or 4.D to the next closest team.

- 1. American Legion Softball senior players are required to play for the closest team unless released, in which case the player shall need to determine the next closest team using MapQuest (www.mapquest.com).
- 2. If the player is unable to earn a spot on the roster of the second team, that player shall be allowed to play for the third closest team, etc.
- 3. All parties involved understand that this transfer is valid from January 1 to December 31 of the current season only.
- 4. All parties understand that the department baseball chairman must approve this transfer prior to placing player on National Form #1.

Permission is hereby requested for				
	Player's full name			Player's date of birth
Parent's address, city, state, ZIP			Parent'	s phone number
Discovic high school	High school enrol	Iment	Team's total enrollment	
Player's high school High school enrollment				ream 3 total emoliment
Player is hereby released from the following	team:			
Name of former team (print or type)				
	Player's signature (print and sign)			
		Parent's sig	gnature (print and sign)	
		Talene 3 Sig	gracure (print and sign)	
Name of new team (pri	nt or type)			
	Team manager's signature and prin	ted name (former team)		
Manager's signature - Team 1 (print and sign)	Manager's signature - Team 2	(print and sign)	Manager's signati	ıre - Team 3 (print and sign)
manager 3 Signature Team 1 (print and Sign)	manager 3 signature Team s	(printe and sign)	manager 3 signate	Team 5 (print and sign)
	Department Softball Chairman signature and date			
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eadquarters.	o wani manager shan retall	copy for mis mes. II	no torin sitan be	med with department