



Innisfail Minor Ball Association



Player Transfer Request Form

(T-Ball, Rookie, Mosquito, Pee Wee, Bantam, Midget, U10, U12, U14, U16, U19)

Player Name: _____ D.O.B. _____

Address: _____

City/ Town: _____ PC: _____

Parent Name: _____

Phone # _____

I, _____ request a transfer on this day _____
Player's Name Date

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please indicate your rationale for requesting transfer:

Association Use Only

Home Club Name: **Innisfail Minor Ball Association** Transfer Approved _____ Transfer Denied _____

Signature of Club President // Date

Printed Name of President // President's Phone Number

From Division (circle one): T-Ball, Rookie, Mosquito, Pee Wee, Bantam, Midget, U10, U12, U14, U16, U19

To Division (circle one): T-Ball, Rookie, Mosquito, Pee Wee, Bantam, Midget, U10, U12, U14, U16, U19

Did the player register and pay the level of play as per age category? Y / N