## 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 Softball 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
Dara	anto address attactor f	710		and the second
Pare	nt's address, city, state, 7	Parent's phone number		arent's phone number
Player's high school		High school e	enrollment	Team's total enrollment
Player is hereby released from the fo	llowing team:			
		Name of former team (print or type)		
		Player's signature (print and sign)		
		Player 5 signature (print and sign)		
			's signature (print and	sign)
Name of new	v team (print or type)			
	Team manag	ger's signature and printed name (former team)		
Manager's signature - Team 1 (print and sig	(n) Mana	ger's signature - Team 2 (print and sign)	Manager's si	ignature - Team 3 (print and sign)
		Department Softball Chairman signature and date		
is form must be filed with state chair	rman. The team r	anager shall retain copy for his file	es. This form sha	ll be filed with department
adquarters.				