



P.O. Box 5435, Station B
1625 Fort St, Victoria
British Columbia, Canada, V8R 6S4

Team Name: _____

Venue: _____

Division: _____

League Player Deletion Form

(Please print clearly)

Players full name: _____

Losing Captain's Approval: _____

Reason: _____

This form must be brought to the next Captain's & Executive meeting by the Captain of the player/team requesting the deletion.

Date Received ____ / ____ / ____
 D M Y

Action taken: _____

Executive : _____ Signature: _____

Date: ____ / ____ / ____
 D M Y