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

Team Name:_____

Venue:_____

Division:_____

League Player Transfer Form

(Please print clearly)

Players full name:_____

Old Team:_____ Losing Captain's Approval:_____

New Team:_____ New Captain's Approval:_____

Division:_____

Note: This form must be filled out for any player transferring to another team after the current season has commenced. All players transfers must be approved by the Executive, and the player may not play until seven (7) days after approval.

Date Received _____/_____/_____
D M Y

Action taken:_____

Executive :_____ Signature:_____ Date: _____/_____/_____
D M Y

Next league game not to be played before : Date: _____/_____/_____
D M Y