



## Request to Change Team Affiliation

Office Use Only:

Request Granted

Request Denied

N.O.C. Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notification Made:

Initials:

Youth Name: \_\_\_\_\_

Youth Address: \_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Team: \_\_\_\_\_

Team Address: \_\_\_\_\_  
\_\_\_\_\_

Prospective Team: \_\_\_\_\_

Prosp. Team Address: \_\_\_\_\_  
\_\_\_\_\_

Please describe the circumstances that prompt you to submit this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Releasing Coach Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receiving Coach Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_