



Baseball PEI Player Transfer Request Form

Player's Name: _____

Player's Date of Birth: _____

Player's Age Category: _____

Releasing Association: _____

Receiving Association: _____

Season: 20____

Reason for player transfer request: _____

Parent's Signature: _____

Releasing Association:

Signed: _____ Position: _____ Date: _____

Receiving Association:

Signed: _____ Position: _____ Date: _____

*This is pending approval by the Baseball PEI Board of Directors.

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