



306, 809 Manning Road NE Calgary, Alberta T2E 7M9  
Tel (403) 245-3008

### Player Transfer Request Form

The \_\_\_\_\_ District hereby requests  
Requesting District

Player Name	
Address	
Phone	
Date of Birth	
Player Number	
Category	

be transferred to \_\_\_\_\_ District for the current season.  
Accepting District

Reason for request:

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

\_\_\_\_\_  
Authorized Signature  
Requesting District

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature  
Accepting District

\_\_\_\_\_  
Title

\_\_\_\_\_  
Calgary Minor Fastpitch Commissioner

\_\_\_\_\_  
Title

Authorized signatures include:  
District Softball Coordinators  
Calgary Minor Fastpitch Commissioner