Player Movement Authorization Form

Permanent or One Year: One Year

The _____Club hereby requests
Requesting Club

Player Name	
Address	
Phone	
Date of Birth	
Player Number	
Category	

be released from _____Club for the _____ season.
Releasing Club

Reason for request:

_____
_____
_____
_____

Date: _____

_____
Authorized Signature Title
Requesting Club

_____
Authorized Signature Title
Releasing Club

_____ _____
Calgary Minor Fastpitch Commissioner or Executive Director Title

Authorized signatures include:
Club Softball Coordinators
Calgary Minor Fastpitch Commissioner or Executive Director