



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

### Player Release Request Form

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

Player Name	_____
Address	_____
Phone	_____
Date of Birth	_____
Player Number	_____
Category	_____

be released from \_\_\_\_\_ District for the \_\_\_\_\_ season.  
Releasing District

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature  
Releasing District

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Title

Authorized signatures include:  
District Softball Coordinators  
Calgary Minor Fastpitch Commissioner