



CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION

CDMFA Transfer Request

The Player/Guardian must generate the Transfer Request. Forms may be submitted directly to president@cdmfa.ca. If it has not already been submitted to the player's home/zone club, it will be forwarded to them for review before the CDMFA Executive Committee will process it.

Requests for Spring Programs: December 1 - January 1 Requests for Fall Programs: March 1 - April 1

Player Name		
Age	Birthdate	Player Ramp ID #
Parent/Guardian Name		
Home Address		
Current Home/Zoned Club		
President		
Head Coach		
Requesting Transfer to:		
Note: the receiving club is not required to accept the transfer, as they may have a full roster/waiting lists.		

Reason for Requesting Transfer: (please attach additional pages as needed and include Proof of Residency documents as described in the Transfer Policy Item 2.2)

I confirm that I am the parent/guardian of the player named above. The information provided with this Transfer Request is true and accurate to the best of my knowledge. If additional information is required, I can be contacted at:

Phone / Cell phone

Email address

Signature.



CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION

TO BE COMPLETED BY CLUB & CDMFA Executive

Date Submitted to CDMFA				Date Submitted to Club	
	Approve	Deny			
Home Club			Name	Title	Date
Receiving Club			Name	Title	Date

Reason for Denying Transfer

TO BE COMPLETED BY CDMFA

CDMFA Review			
Reviewer #1		Reviewer #2	
What course of action is required?			
Club Level Mediation			
Referral to Discipline Committee			
Approve and Archive			

Filed Complete	Name	Title	Date
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