

NON-SANCTIONED COMPETITION PLAYER/COACH RELEASE APPLICATION



APPLICANT'S NAME:

ADDRESS:

(Street/Box No.)

(City/Town)

(Postal Code)

TELEPHONE NO.:

BIRTH DATE:

EMAIL:

AGE:

I am registered with the following Softball Manitoba team(s) for the current season:

Region Organization / League / Club	Classification (A/AA/AAA)	Age Category	Position (coach or player)
-------------------------------------	---------------------------	--------------	----------------------------

I hereby apply for permission to play/coach in the following non-sanctioned competition this season:

Organization	Team	Age Category	Event (Tournament/Clinic/Etc.)
--------------	------	--------------	--------------------------------

Date(s) applying to be released for:

Softball Manitoba Coach Approval Signature:

SOFTBALL ORGANIZATION RELEASING PLAYER

Approved Denied

Date:

Softball Manitoba League/Club:

League/Club President's Name:

League/Club President's Signature:

If the application above is approved, it is the responsibility of the League/Club President to submit the completed form to Softball Manitoba via email softball@softball.mb.ca