



Official Clearance Form

(No clearance allowed after halfway through the season)

Name of the Player wishing to be cleared:

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Team he/she wishes to be cleared from:

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Name & Signature of Captain releasing player:

Print Name:.....Signature:.....

Team he/she wishes to be cleared to:

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Name & Signature of Captain receiving player:

Print Name:.....Signature:.....

Reason for requesting a clearance:

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Name & Signature of player:

...../.....Date:...../...../.....

Name & Signature of Association President or Secretary:

...../.....Date:...../...../.....

Important

This form Must be received and signed by the Association President or Secretary at least twenty-four (24) hours before player is eligible to play with his/her new team.