AMERICAN LEGION BASEBALL





Please PRINT or TYPE

This form is to be used by players who have been cut and released by an American Legion team. Released players may be eligible to transfer under rules 3.B.1 or 4.D to the next closest team.

- 1. American Legion Baseball senior players are required to play for the closest team unless released, in which case the player shall need to determine the next closest team using MapQuest (www.mapquest.com).
- 2. If the player is unable to earn a spot on the roster of the second team, that player shall be allowed to play for the third closest team, etc.
- 3. All parties involved understand that this transfer is valid from January 1 to December 31 of the current season only.
- 4. All parties understand that the department baseball chairman must approve this transfer prior to placing player on National Form #1.

Permission is hereby requested for				
L	Player's full name			Player's date of birth
Parent's	address, city, state, ZIP	[_	Parent's	phone number
Płayer's high s	chaol	High school en	rollment	Team's total enrollment
1.4.10.0				
Player is hereby released from the follo	owing team:	_		
		Name of form	er team (print or type)	
	<u> </u>			
	Player's signature (print and sign			
	<u> </u>	Parent's	signature (print and sign)	
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Name of new te	eam (print or type)			
<u> </u>	Team manager's signatu	re and printed name (former team)		
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	Name and all and the second all all and the second all all all all and the second all all all all all all all all all al	ro Team 2 (print and sign)	Manager's signatu	e - Team 3 (print and sign)
् Manager's signature – Team 1 (print and sign)	Manager's signati	re Team 2 (print and sign)	Manager's signatu	e – Team 3 (print and sign)
Manager's signature – Team 1 (print and sign)	Manager's signati	re – Team 2 (print and sign)	Manager's signatu	e – Team 3 (print and sign)
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् Manager's signature – Team 1 (print and sign)	Manager's signati		Manager's signatu	
ः Manager's signature – Team 1 (print and sign)	Manager's signati			e – Team 3 (print and sign) ((iii)
: Manager's signature – Team 1 (print and sign)	Manager's signati			
		Department Base	eball Chairman signature ar	
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is form must be filed with National Fo is form shall be filed with department	orm #1. The team manage headquarters.	Department Base er shall retain copy for his	eball Chairman signature ar files.	nd date
is form must be filed with National Fo is form shall be filed with department	orm #1. The team manage headquarters.	Department Base er shall retain copy for his	eball Chairman signature ar files.	nd date
Manager's signature – Team 1 (print and sign) ais form must be filed with National Form shall be filed with department f transfer crosses a state border, both	orm #1. The team manage headquarters.	Department Base er shall retain copy for his	eball Chairman signature ar files.	nd date