# AMERICAN LEGION BASEBALL

### Player Transfer Form #76

### 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

## This form is to be initiated by the Losing Coach or Program

| Permission is hereby requested for                         | Players Name               | 2                                      | Players DOB                             |
|--|----------------------------|--|---|
|  | Player's Full Name         |  | Player's Date of Birth                  |
| Legal Guardian's Permanent Residence                       |                            | Legal Guardian's Phone #               |   |
| Parent's Addres  | s, City, State, Zip        | Pare                                   | ent's Phone#                            |
| High School attended prior to March 31st of playing season |                            |  | team has accepted ayers from other HS's |
| Player's High School                                       | High Scho                  | pol Enrollment                         | Team's Total Enrollment                 |
| Player is hereby released from the following               | 11011110 01 10011116       | g/cut from<br>of Old Team (print/type) | team                                    |
|  | Player must                |  | 111                                     |
|  | Player                     | 's Signature (Please print & sign      | )                                       |
| If legal Gua   | ardian – Court paperwork n | nust also be sul                       | omitted                                 |
|  | Parant                     | 'e Cignatura (Dianca agint B sing      | 1                                       |

# Name of team accepting player Name of NEW Team (print/type) Printed name and signature of coach/manager/administrator of team that is releasing player Team Manager's Signature & Printed Name (old team) Receiving team- OR next team to be cut from Manager's Signature - Team 1 (Please print & sign) Manager's Signature - Team 2 (Please print & sign) Manager's Signature - Team 3 (Please print & sign)

Send completed Form to: L American Legion 150 NW 40th Street, Unit A Lincoln, NE 68528

This form must be filed with the National Form #1; team manager shall retain copy for his files. This form shall be filed with department headquarters.

If transfer crosses a state border, both department chairmen must approve prior to placing player on Form #1.

Call me for contact info for this person

Concurring Department Baseball Chairman

State Chairman signs after review

High School Enrollment can be found at http://www.nelegionbaseball.net/rulesforms/rules\_&\_forms.htm