



TRANSFER APPLICATION

Name: _____ D.O.B. _____
Address: _____ Phone: _____
City: _____ Postal Code: _____
Home Association: _____ Level & Division _____

I request to transfer my son/daughter to _____ Minor Hockey
Association for the 20__-20__ season for the following
reasons: _____

Parents Signature: _____

Signature of Association President where player resides: _____
_____ Agree _____ Oppose _____

Comments: _____

Signature of District Chairperson where player resides: _____
_____ Agree _____ Oppose _____

Comments: _____

Signature of Association President where player wishes to transfer to: _____
_____ Agree _____ Oppose _____

Comments: _____

Signature of District Chairperson where player wishes to transfer to: _____
_____ Agree _____ Oppose _____

Comments: _____

A fee of \$ _____ accompanies this transfer application.

Hearing Date: _____ Time _____

Transfer Approved _____ Denied _____ for the 19__ - 20__ season.

Fee of \$ _____ retained; Refund of \$ _____ to be issued.

Comments: _____

Signature of Discipline & Appeals Chairperson _____ Date: _____