

COMPETITIVE TRYOUT/TRANSFER APPLICATION



Date: \_\_\_\_\_ Intra (Within) District Inter (Between) District
Player Name: \_\_\_\_\_ Date of Birth (YYMMDD): \_\_\_\_\_
Address: \_\_\_\_\_ Phone (xxx-xxx-xxxx): \_\_\_\_\_
City & Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_
Home District: \_\_\_\_\_ Home Association: \_\_\_\_\_

I request a transfer [ ] tryout [ ] for the above player with the \_\_\_\_\_ team in the \_\_\_\_\_ Minor Hockey Association in District \_\_\_ for the 20 \_\_\_\_ - 20 \_\_\_\_ season.

The rationale is as follows: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

TRYOUT APPROVALS

Receiving Association President Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

Receiving District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

Home Association President Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

Home District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

The above signatures are for tryouts ONLY. During the tryout process, the player remains property of his Home Association & District. If the player is successful in making the team, the additional Transfer approvals below are required.

TRANSFER APPROVALS

Receiving District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

Home District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree [ ] Oppose [ ] Comments: \_\_\_\_\_

Transfers are for ONE YEAR ONLY. The player must return to his Home Association District for the next season.