



HOUSE LEAGUE 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 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: _____

TRANSFER 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: _____

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