



TRANS-VALLEY YOUTH FOOTBALL LEAGUE

PLAYER TRANSFER

Player Name Type DOB

Date Level School

Age on Nov. 29 _____ Grade in Sept. _____

Reason for transfer

Years participated in youth football/cheer _____

Gaining Team Prior Team

Reason for Transfer request

Parent (typed) Parent (Signed) _____

G T
a e L.Rep (typed) L. Rep (Signed) _____

i a
n m Team Pres. (typed) Pres. (Signed) _____

Team Approved Team Denied

F T
o e L.Rep (typed) L. Rep (Signed) _____

m m
e Team Pres. (typed) Pres. (Signed) _____

Team Approved Team Denied

TVYFL President _____ TVYFL Secretary _____

Team Approved Team Denied