



BERT BELL MEMORIAL FOOTBALL CONFERENCE

WAIVER REQUEST

“Granting” Club Name: _____ Date: _____

I hereby grant _____ release from our territory to register
(Child’s name)

(Parent/Child’s Address)

(Parent/Child’s Telephone Number)

(“Receiving” Club Name)

Reason given for request: _____

Parent’s signature: _____

Club Representative’s signature: _____

Bert Bell Director’s signature: _____