



REQUEST FOR TRANSFER

DATE: _____

FROM: *(Parent(s) of Transferring Player)*

PARENT NAME: _____ PLAYER: _____

ADDRESS: _____
(Street) (City) (Zip Code)

PHONE: _____ EMAIL: _____

TO: NOVA AYF Executive Board Members,

I/We, _____ after careful consideration would like to
move our son/daughter, _____ from the _____
(Player's Name)

_____ to the _____
(Team Leaving) (Team Joining)

_____ for the _____ season.

This decision is being made with the intent for our son/daughter to gain the best
experience in learning and playing football.

There has been no enticement or coercion in my/our decision and I/we appreciate the
board's understanding of my/our transfer. If there are any further questions about this decision,
please feel free to contact us at the listed information above.

Respectfully,

CF:

Coach – Team Leaving: _____

Coach – Team Joining: _____

Executive Board Approval:

Date Received: _____

YES ____ NO ____

(If denied) Reason for denial _____