



# Scenic City Youth Football League



## Request For Transfer Form

Date \_\_\_\_\_

Date Form Received: \_\_\_\_\_ *No Form Accepted After August 19th.*

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ Phone # \_\_\_\_\_

Organization transferring from \_\_\_\_\_

Organization transferring to \_\_\_\_\_

Reason for transferring. If change of address, please attach proof.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization transferring from:**

\_\_\_\_\_

**Park President:**

\_\_\_\_\_

Recommend:  Approval  Disapproval

**Organization transferring to:**

\_\_\_\_\_

**Park President:**

\_\_\_\_\_

Recommend:  Approval  Disapproval

\_\_\_\_\_  
**Age Group Director**  
Recommend:  Approval  Disapproval

\_\_\_\_\_  
**President, Board of Directors**  
 Approved  Disapproved

*This form, properly signed, must be attached to Team Roster for any child transferring from one park to another. Form must be completed before submitting.*

White • Director    Yellow • Coach    Pink • Park