ADMIN USE Approved? Yes: _____ No: _____ Date: _____

PLAY-UP /TRANSFER REQUEST

Player Name:_____**Birth date:** _____

Team player wishes to play on: _____

Team/age group player wishes to leave:_____

Reasons for request to Play-up or Transfer. **(Refer to Storm Play-up or Transfer Policies)**

The committee may request an interview.

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Parent (Guardian) Signature _____**Date:**_____

Print Parent (Guardian) Name: _____