

PLAYER RELEASE FORM

Player Information:

Players Name: _____

Parent or Legal Guardian's name: _____

Address: _____

Town/City: _____

Postal Code: _____

Phone: h) _____ w) _____

Email: _____

The following is to be completed by the Local Association/League President or the President of the Association closest to your residence within your Zone.

Name of President: _____

Name of Association/League: _____

Address: _____

Town/City: _____

Postal Code: _____

Phone: h) _____ w) _____

Email: _____

I _____ as President of the _____ Softball Association/League hereby releases the above mentioned player from our Association for the 2012 Softball season.

President's Signature

Player's Signature

This form must accompany any Zone Transfer Request Form.