



**SECTION 1 – TO BE COMPLETED BY PLAYER WISHING TO BE  
TRANSFERRED (Please Print)**

**DATE RECEIVED IN THE RRLA OFFICE:** \_\_\_\_\_

|  |   |                                 |
|--|---|---------------------------------|
| First Name                                   | Last Name                               | Age                             |
| Address                                      |   |                                 |
| City: _____                                  | Prov: _____                             | Postal Code _____ E-mail: _____ |
| Zone Association last registered with: _____ | Team Name: _____                        |                                 |
| Zone Association Transferring to: _____      | Team Name: (if known) _____             |                                 |
| Player Signature                             | Parent/Guardian Signature (if required) |                                 |

**SECTION 2 – TO BE COMPLETED BY ZONE ASSOCIATION PLAYER IS TRANSFERRING FROM  
RETURN TO THE RRLA OFFICE BY : \_\_\_\_\_**

|   |           |      |  |     |    |
|---|-----------|------|--|-----|----|
| Step 1: Is the player on a negotiation list?<br>(Circle one)  | Yes       | No   | Step 2: Player in good standing/not suspended?<br>(Circle one) | Yes | No |
| If you answered NO in step 2, please indicate reason(s):  |           |      |  |     |    |
| Step 3: If player is on a negotiation list, please indicate any terms/conditions require to obtain a release:<br>(if more space is required, please attach additional sheets) |           |      |  |     |    |
| 1.  |           |      |  |     |    |
| 2.  |           |      |  |     |    |
| 3.  |           |      |  |     |    |
| Please print the name of person with<br>Signing authority for Zone Association  | Signature | Date |  |     |    |

**SECTION 3 – TO BE COMPLETED BY RECEIVING ZONE ASSOCIATION  
(By signing this section indicates that you will be bound by the conditions attached to the transfer)  
RETURN TO THE RRLA OFFICE BY: \_\_\_\_\_**

|  |           |      |
|--|-----------|------|
| Please print the name of person with<br>Signing authority for Zone Association | Signature | Date |
|--|-----------|------|