American Legion Baseball



Player Transfer Form #76

Please PRINT or TYPE

This form is to be used by players who have been cut and released by an American Legion team. Released players may be eligible to transfer under rules 3.B.1 or 4.D to the next closest team.

- 1. American Legion Baseball senior players are required to play for the closest team unless released, in which case the player shall need to determine the next closest team using MapQuest (www.mapquest.com).
- 2. If the player is unable to earn a spot on the roster of the second team, that player shall be allowed to play for the third closest team, etc.
- 3. All parties involved understand that this transfer is valid from January 1 to December 31 of the current season only.
- 4. All parties understand that the department baseball chairman must approve this transfer prior to placing player on National Form #1.

Permission is hereby requested for				
Player's full name Player's date of birth				
Parent's address, city, state, ZIP Parent's phone number				
Player's high school		High school enr	rollment T	eam's total enrollment
Player is hereby released from the following tea	im:			
Name of former team (print or type)				
l		Player's signature (print and sign)		
			Shacaro (princiana oign)]
		Parent's s	ignature (print and sign)	
Name of new team (print or type)				
Team manager's signature and printed name (former team)				
	-			
Manager's signature – Team 1 (print and sign)	Manage	er's signature – Team 2 (print and sign)	Manager's signature -	- Team 3 (print and sign)
		(Print Print		
	Department Baseball Chairman signature and date			
This form must be filed with National Form #1. The team manager shall retain copy for his files. This form shall be filed with department headquarters.				
If transfer crosses a state border, both department chairmen must approve prior to placing player on Form #1.				
Concurring Department Baseball chairman				