



The Pas Minor Hockey Association

PLAYER LEAGUE TRANSFER REQUEST

Player's Name:

Date:

Player's Signature:

Player's DOB – M/D/Y

Parent's Signature:

League the player is registered in as per their date of birth: (check one)

Squirts

Novice

Atom

Pee wee

Bantam

Midget

Convener Signature:

Request to Transfer: Up

Down

League player is requesting transfer to: (check one)

Squirts

Novice

Atom

Pee wee

Bantam

Midget

Convener Signature:

Reason for Transfer:

Player's Advocate's Signature:

CC. Registrar