



Transfer Request Form

Date _____

Player First and Last Name: _____

Parent(s)/Guardian(s)

Print: _____

Signature: _____

Print: _____

Signature: _____

First and Last Name: _____

Current Address: _____

Current School: _____

Current Team: _____

Current Head Coach: _____

Signature: _____

Current Club Director: _____

Signature: _____

Requested Team: _____

Requested Team Coach: _____

Signature: _____

Requested Club Director: _____

Signature: _____

DCYFL Board Approval

Print: _____

Signature: _____

Print: _____

Signature: _____

Print: _____

Signature: _____

- ❖ A club/team is not permitted to transfer a player until the team has at least 30 players on the roster.
- ❖ A roster must accompany this request.
- ❖ Any rules or eligibility concerns after the date of the approved request both clubs/teams are subject to disciplinary actions such as but not limited to suspensions, forfeits and/or other.
- ❖ All eligibility concerns must be submitted in writing to the DCYFL board.