

SOUTH DAKOTA VFW BASEBALL

Player Release Form-

This form is to be completed by the team coach of a **player or entire team** who is requesting permission to be transferred to play in a lower class division than it originally had been assign to within the South Dakota VFW Baseball Program.

Transfer for individual player: _____ Transfer for entire team: _____
.....

Players Name: _____ Date of Birth: _____

Players Address: _____ City _____ State ____ Zip

School attended the last School year: _____

Parents Name: _____ Parents Signature: _____
.....

Name of Present Team: _____

Name of Present Team Sponsor: _____

Name of Present Team Coach: _____

Signature of Present Team Coach: _____

Present Team Coach's Address: _____

City: _____ State: _____ Zip:

Phone: _____ Fax: _____
.....

Name of New Team: _____

Name of New Team Sponsor: _____

Name of New Team Coach: _____

Signature of New Team Coach: _____

New Team Coach's Address: _____

City: _____ State: _____ Zip:

Phone: _____ Fax: _____
.....

Present Division: _____ Present Region: _____

New Division: _____ New Region: _____

(Please make copies of this form for your records.)

Send To: vfwbaseballsd@gmail.com