

COMPETITIVE TRYOUT/TRANSFER APPLICATION



Date: _____ Intra (Within) District Inter (Between) District

Player Name: _____ Date of Birth (YYMMDD): _____

Address: _____ Phone (xxx-xxx-xxxx): _____

City & Postal Code: _____ Email: _____

Home District: _____ Home Association: _____

I request a transfer tryout for the above player with the _____ team in the _____ Minor Hockey Association in District ___ for the 20 ____ - 20 ____ season.

The rationale is as follows: _____

Parent or Guardian Name: _____ Signature: _____

TRYOUT APPROVALS

Receiving Association President Name: _____ Signature: _____

Agree Oppose Comments: _____

Receiving District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

Home Association President Name: _____ Signature: _____

Agree Oppose Comments: _____

Home District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

*The above signatures are for tryouts **ONLY**. During the tryout process, the player remains property of his Home Association & District. If the player is successful in making the team, the additional Transfer approvals below are required.*

TRANSFER APPROVALS

Receiving District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

Home District Chair Name: _____ Signature: _____

Agree Oppose Comments: _____

*Transfers are for **ONE YEAR ONLY**. The player must return to his Home Association District for the next season.*