



HOUSE LEAGUE TRANSFER APPLICATION

Date: \_\_\_\_\_ Intra (Within) District                      Inter (Between) District

Player Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (xxx-xxx-xxxx): \_\_\_\_\_

City & Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home District: \_\_\_\_\_ Home Association: \_\_\_\_\_

I request a transfer 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: \_\_\_\_\_

**TRANSFER 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: \_\_\_\_\_

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