## **Greater Eastside Junior Football Association**

## **Player Transfer Form**

Player's Name:			Date:		
Residing Club:		Requested C	Requested Club:		
			e above named player is requesting a transfer to nsfer is requested for the following reason(s):	) a	
If	approved, this transfer wil	ll be for the u	pcoming season <u>only</u> .		
Player Parent:(Print Name)			(Parent Signature)		
Residing Club President:	(Print Name)		(Signature)		
Requested Club President:	(Print Name)		(Signature)		
TO BE C	OMPLETED BY GE	JFA GRIH	EVANCE COMMITTEE		
	□ Approved	OR	Denied		
GEJFA Grievance Committ	ee Rep.:		Date:		
Reason for denial:					