



# SOUTH FLORIDA YOUTH LACROSSE LEAGUE

## PLAYER TRANSFER REQUEST FORM

All players and programs participating in the South Florida Youth Lacrosse League (SFYLL) are governed by the SFYLL PROGRAM TRANSFER GUIDELINES. This form needs to be approved and signed by current program director prior to participation with the transfer program

Player Name: \_\_\_\_\_

Current Program: \_\_\_\_\_

Desired destination Program: \_\_\_\_\_

Player DOB mm/dd/yy: \_\_\_\_\_ M/F: \_\_\_\_\_ Age Division: \_\_\_\_\_

Years participating with current program: \_\_\_\_\_

Reason for transfer:

- ☐ Family moved to a closer program. Give new address below
- ☐ Program no longer offers the player's age division
- ☐ Family structure/location change (describe below)
- ☐ New program has started in the town you reside

Other:

**PARENT** (certifies information is true and correct)

\_\_\_\_\_  
Parent Name (typed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (required)

**APPROVED BY:** PROGRAM \_\_\_\_\_

\_\_\_\_\_  
Director Name (typed)

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date