



MIDSTATES CLUB HOCKEY ASSOCIATION

www.midstateshockey.us

@midstateshockey

TRANSFER REQUEST

THIS FORM IS TO BE COMPLETED BY PARENT/GUARDIAN AND SENT TO MIDSTATES LEAGUE OFFICE WITH REQUIRED ATTACHMENTS FOR FURTHER PROCESSING

Date: _____

Name of Player: _____

Address: _____

Contact #: _____

Email: _____

Reason for

Transfer: **Attach statement from Parent/Guardian with information regarding reason for transfer**

School/Club Player is transferring from: _____

School/Club Player is transferring to: _____

Date school transfer was completed: _____

Grade Eligibility: Is player grade eligible? Yes No **Grades MUST be attached**

Do you have any outstanding financial obligation to your previous Club? Yes No

Parent/Guardian
Signature: _____

This form and its attachments must be received and approved prior to player being rostered.

Information can be Emailed to: barbcmidstates@att.net

Faxed to: 314-433-4510

Mailed to: MidStates Club Hockey Assn.
312 Oakmont Farm Dr.
Ballwin, MO 63021