## American Legion Baseball

## Player Transfer Form #76

## Please PRINT or TYPE

This form is to be used by players who have been cut and released by an American Legion team. Released players may be eligible to transfer under Rule 3.B.1 or 4.D to the next closest team.

- 1. American Legion Baseball senior players are required to play for the closest team, unless released, in which case the player shall need to determine the next closest team utilizing Mapquest® (www.mapquest.com).
- 2. If the player is unable to earn a spot on the roster of the second team, that player shall be allowed to play for the third closest team etc.
- 3. All parties involved understand that this transfer is valid from January 1 thru December 31 of the current season only.
- 4. All parties understand that the department baseball chairman must approve this transfer prior to placing player on the National Form #1.

Permission is hereby requested for						
	Player's Full Name					Player's Date of Birth
Parent's Address,	City, State, Zip				Parent's Pho	ne#
Player's High School			High School En	rollment	Team	s Total Enrollment
Player is hereby released from the following t	eam					
Theyer to hereby released from the following to			Name of Ol	ld Team (print/type)		
	_					
Player's Signature (Please print & sign)						
			Parent's Sig	gnature (Please prin	t & sign)	_
Name of NEW Team (print/type)						
Team Manager's Signature & Printed Name (old team)						
Manager's Signature - Team 1 (Please print & sign)	Manager's S	ignature - Team 2 (I	Please print & sign)	Manager's Sig	gnature - Team	3 (Please print & sign)
	Department Baseball Chairman Signature & date					
This form must be filed with the National Form #1; team manager shall retain copy for his files. This form shall be filed with department headquarters.						
If transfer crosses a state border, both department chairmen must approve prior to placing player on Form #1.						
Concurring Department Baseball Chairman						