



Mat-Su Softball Association, Inc.

(907) 376-9050

PLAYER RELEASE/TRANSFER FORM

I hereby release _____ from the

_____ team.

Date: _____.

Coach: _____.

I, _____, request that my player contract be transferred
(Player's Name)

to the _____ team.

I understand that in accordance with the Association's bylaws I must have this form completed and turned into the Mat-Su Softball Association Office by 6:00 PM to be eligible for play that evening for the team I am transferring to. All other aspects of my player contract remain in force.

Date: _____ . Player: _____

NOTE: NO TRANSFERS ARE PERMITTED AFTER JULY 15.

PLAYERS ARE PERMITTED TO TRANSFER ONLY ONCE (1) DURING A SEASON.