



2011 Individual Transfer Form

This form must be signed by an authorized representative from the “releasing” club

Individual Information

Individuals Name:	<input type="text"/>	Individuals email address:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal Code:	<input type="text"/>
Telephone:	<input type="text"/>	Birth Date:	<input type="text"/>
		DBC PIN:	<input type="text"/>

Transfer Details

Requesting Transfer From:	<input type="text"/>	Club Contact:	<input type="text"/>
	<i>Name of “releasing” club</i>		
Requesting Transfer to:	<input type="text"/>	Club Contact:	<input type="text"/>
Reason for Transfer:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Authorization – for “Releasing Club” use only

This is to certify that		<input type="text"/>	agrees with the transfer of	
		(Name of Releasing Club)		
<input type="text"/>		to the	<input type="text"/>	
athlete name			name of transfer club	
name	<input type="text"/>	title	<input type="text"/>	
signature	<input type="text"/>	date	<input type="text"/>	