



## 18+/35+ Transfer Application Form

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ ORA #: \_\_\_\_\_

Presently Registered With: \_\_\_\_\_

Request Transfer To: \_\_\_\_\_

Level of Play Last Season: \_\_\_\_\_

Reason for  
Transfer Request:

<input type="checkbox"/>	Relocation due to education
<input type="checkbox"/>	Permanent residence relocation
<input type="checkbox"/>	Other (please specify) _____

Applicant Signature: \_\_\_\_\_

Coach Transferring From: \_\_\_\_\_  
Signature Date

Coach Transferring To: \_\_\_\_\_  
Signature Date

ADP Regional  
Coordinator: \_\_\_\_\_  
Signature Date