



NASSAU COUNTY P.A.L. YOUTH LACROSSE

Player TEAM Transfer (Release Form)

Release From Town Team To Another Town Team

Boys

Girls

Please type or Print neatly / All information must be completed and attached to rosters.

Season Year _____ Spring

PLAYERS (Being Released to Another Team) INFORMATION:

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Grade as of Sept. 2017: _____ Lacrosse Experience: (Years played) _____

Parents or Guardian Signature: _____

TEAM RELEASING PLAYER:

Town Name: _____ Director's Name: _____ Phone#: _____

Director's Signature: _____ Date: _____ E-mail: _____

Division Player was in prior season: _____

TEAM RECEIVING PLAYER:

Town Name: _____ Director's Name: _____ Phone#: _____

Director's Signature: _____ Date: _____ E-mail: _____

OFFICE USE ONLY

Received _____ Approved: _____ By: _____

COMMENTS: _____

