



Dizzy Dean Request for Transfer Form



Date _____

Date Form Received: _____ *No form accepted after first day of League Play.*

Name _____ Age _____ DOB _____

Address _____ Phone # _____

Previous Address _____ Phone # _____

Organization transferring from _____

Organization transferring to _____

Reason for transferring. If change of address, please attach proof.

Organization transferring from:

Park President:

Recommend: Approval Disapproval

Organization transferring to:

Park President:

Recommend: Approval Disapproval

Age Group Director
Recommend: Approval Disapproval

National State Executive Board
 Approved Disapproved

This form, properly signed, must be attached to Team Roster for any child transferring from one park to another. Form must be completed before submitting.