



PLAYER RELEASE FORM

Player Information:

Name (Print) _____

Address _____

Postal Code _____ Tel: _____ Cell _____

Old Centre _____

New Centre _____

Player's Signature: _____

The above player is hereby released from our team, League of Municipality

Person authorizing this release:

Name (Print) _____

Address _____

Postal Code _____ Tel _____ Cell _____

Signature _____ Date _____

Position _____

This form is to accompany the team's registration application to the Registrar

Mary Myers

44 Hilltop Blvd.

Stouffville, Ont.

L4A 2G1