## 2020 Peninsula Youth Football and Cheerleading Organization League Transfer Request

To: PYFCO Commissioners			
Subject: Transfer Request for			
5 1	(Player/Cheerleader Name(s)	))	
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I,(Parent Name)	_ request the transfer of t	he players/cheerleaders listed abov	ve from
	10	Grafton Tabb	
(Original League)	to	(Gaining/New League)	<u> </u>
I am requesting this transfer for the follo	wing reason(s):		
• I certify that I/my child was not recru	uited by <u>Grafton T</u>	[abb (initial)	
	(Gaining/New I	League)	
• I certify that I do not owe equipment	, fees, or anything else to		(initial)
		(Original League)	
			_
Parent Signature	Parent Printed Name	Date	
**Incomplete forms will not be accepted	**		
For PYFCO use only:			
I verify that the players/cheerleaders listed at			
or have any other outstanding issues with	(Original Lea	 igue)	
Original League President Signature:			
Gaining (New) League President Signatu	ıre:		
Commissioner Signature:	Ap	prove <sup>D</sup> Disapprove <sup>D</sup>	