



MISO



PLAYER TRANSFER FORM

NAME OF PLAYER (please print): _____

TEAM TRANSFERING TO: _____

TEAM TRANSFERING FROM: __VAIETE _____

TEAM COACH or MANAGER OF TEAM TRANSFERING TO:

(print name)

(signature)

TEAM COACH or MANAGER OF TEAM TRANSFERRING FROM:

(print name)

(signature)

AS STATED BY THE M.I.S.O. RULES & REGULATIONS, ALL TRANSFERS REQUIRE A ONE WEEK (7 days) WAITING PERIOD BEFORE PLAYER IS ELIGIBLE TO PLAY WITH HIS NEW TEAM. MANAGER OF TEAM TRANSFERING FROM **MUST** RELEASE PLAYER'S CARD UPON SIGNING THIS FORM.

NO TRANSFERS ARE ALLOWED IN THE FINAL MONTH OF THE SEASON

(player's signature)

_____/_____/_____
(date)

COMPLETED TRANSFER FORM MUST BE TURNED INTO THE LEAGUE PRESIDENT TO BE VALID



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