

COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION

www.columbiaempirevolleyball.com

2011 POST SEASON PLAYER TRANSFER FORM

A Player Release from each player(s) current Club Director must be attached to this form before she can be transferred and is eligible to participate with your club.

Club Name: _____ Contact #: _____ Email: _____ Date: _____

Full Name (Last Name, First)	Previous Club/Team	Team Division	Assigned Team
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____
_____	_____	12 14 16 18	_____

Players and/or coaches cannot replace other players and/or coaches. All new members must complete the online individual registration form and pay the appropriate fees. Coaches must also attach a signed Code of Ethics form, Background Screening Authorization and complete an Employment/Volunteer Disclosure Form or fingerprints with payment. Please use the Individual Add Form for all new players/coaches and attach all paperwork.

Signature Team Representative

Date