

**GEVA Adult Player
CHANGE OF TEAM REQUEST FORM**

Please fill out the following information. **Please note that there will be a 21 day wait period before you will be able to play with your new team if your request is approved.**

Player Name _____ Date _____

Current Team _____

Club Affiliation _____

Team's Registered Level: Men's Women's AA A BB B

The above listed player is requesting to be moved to the following team:

Team Name _____

Club Affiliation _____

Teams Registered Level: Men's Women's AA A BB BB

By signing below you acknowledge and agree to this request. If you do not agree to this request please explain why in the notes section (note – the only acceptable reason for denial is if the player owes money to the old team).

Player Signature _____

Team Rep Signature (Old Team) _____

Team Rep Signature (New Team) _____

Club Rep Signature (New Team) _____

Notes: _____

FOR OFFICE USE ONLY

Request received _____ Approved _____ Denied _____

Changes made in database _____ Eligibility Date _____