

# KEYSTONE STATE MIDGET FOOTBALL LEAGUE



## REQUEST FOR PLAYER RELEASE (PLEASE PRINT)

<b>From:</b>
Name of Organization: _____
KSL Representative: _____

<b>To:</b>
Name or Organization: _____
KSL Representative: _____

Name of Player: _____
Date of Birth (MO/DAY/YR) _____
Keystone State Registration Number: _____
Last year played for by releasing club: _____
Weight group played by releasing club: _____
Weight group playing for new club: _____

APPROVED BY THE LEAGUE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE