



PLAYER RELEASE FORM



- *All parties must sign.*
- *Form must be returned to the INFC Commission Office at 1005 S. Main St, Broken Arrow, OK 74012.*
- *Interview will be scheduled with the INFC Release Issue Committee for approval or denial.*

Player's Name _____ Grade _____ Birth Date _____

Parents Name _____ Home (____) _____ - _____

Home Address _____ Work (____) _____ - _____

School Presently Attending _____

Previous Team And Organization Played For And Number Of Years: _____

Organization Requesting Release From (Home Organization): _____

Organization Requesting Release To: _____

Reason For Release Request: _____

Parent

Player

Official of Organization Releasing

Official of Receiving Organization

Approved _____ Date _____
Committee Chairman

Denied _____ Date _____
Committee Chairman

Tom Lott
INFC Commissioner