



Today's date: _____

USA Field Hockey Club Affiliation Transfer Request Form

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth ____/____/____

Email Address _____

USA Field Hockey Membership Number _____

Current Club Affiliation _____

Proposed Club Affiliation _____

Please explain your reason for transfer:

This will confirm that the above information is correct. I understand that the above athlete cannot transfer back to their current club.

* _____ Signature of Athlete, Parent or Guardian	_____ Printed Name		_____ Date
* _____ Signature of Current Club Owner	_____ Printed Name	<input type="checkbox"/> Allow <input type="checkbox"/> Reject	_____ Date
* _____ Signature of Proposed Club Owner	_____ Printed Name	<input type="checkbox"/> Allow <input type="checkbox"/> Reject	_____ Date

**All signatures are required.*

USA Field Hockey reserves the right to refuse any transfer of club affiliation.

Please send all requests to membership@usafielddhockey.com or

USA Field Hockey – Attn: Club Affiliation Transfer

1 Olympic Plaza, Colorado Springs, CO 80909