

Hardship Transfer Request



**WILLAMETTE VALLEY
YOUTH FOOTBALL & CHEER**

Please make sure everything is completed neatly. By filling out this form, it is not guaranteed that you will be offered a HARDSHIP. All requests are reviewed by both associations and the league and if approved must bare both presidents signatures to be valid.

Athlete Name: _____ Todays Date _____

SCHOOL NAME: Attended Spring 2016 _____ Attending Fall 2016 _____

Athlete's Current Residence Address _____

Did Athlete play the 2015 Season? (circle one) Yes No If so, for what association? _____

Does Athlete have a sibling playing the 2016 season? (circle one) Yes No _____

If so, for what association? _____

Association Players School is in _____

Association Hardship is Requesting to play in _____

Division of Play _____ Athlete Grade _____

Requestor Name _____ Relation to Athlete _____

Requestor Address _____

Requestor Phone H: _____ C: _____ Requestor Email _____

Parent/Guardian of Player Address (if different from above) _____

Please include all of the following documentation below and GIVE TO YOUR CURRENT AREA PRESIDENT to review with the league.

- You must provide two (2) different pieces of mail from two (2) different sources to prove where your home is located. Both documents must:
 - Show your name and your residence address
 - Be dated within 90 days
 - Be computer generated (typed)
- List three references and phone numbers that can verify your hardship.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

3. Please explain in an attached one page letter to the board why your hardship should be granted. Please be detailed and to the point on your circumstances. Include proof of enrollment if your child is changing schools.

By signing this request you acknowledge that all information contained in this request is accurate and truthful. Omissions and/or dishonesty could lead the athlete being deregistered for the current season and any played games becoming forfeits. League and association refund policies apply.

Requestor Signature _____ Date _____

WVYFC USE ONLY:	APPROVED:	YES	NO	
President 1:	President 2:			
League Signature:				