



# Hardship Transfer Request

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 include both presidents' signatures to be valid.

Athlete Name: \_\_\_\_\_ Todays Date \_\_\_\_\_

SCHOOL NAME: Attended Spring 2022 \_\_\_\_\_ Attending Fall 2022 \_\_\_\_\_

Athlete's Current Residence Address \_\_\_\_\_

Did Athlete play the 2021 Season? (Circle one) Yes No \_\_\_\_\_ If so, for what association? \_\_\_\_\_

Does Athlete have a sibling playing the 2022 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 \_\_\_\_\_ 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.**

1. 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)

2. 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: \_\_\_\_\_