



ARARAT BASKETBALL DIVISION: INTERNAL TRANSFER FORM

- **COACHES:** This form must be completed and submitted to Compliance to ensure proper transfer procedures for current athlete's transferring to other Ararat teams
- This form will be returned to the Basketball Director or emailed to basketballdirector@ararat

Full Name of athlete:	Date:
Team playing on:	Coaches name:
Team transferring to:	Coaches name:
Reason for transfer:	
Signature of parent/guardian (exempt 18+):	Date:
Signature of original coach:	Date:
Signature of transferring coach:	Date:
Signature of Basketball Director:	Date:
Comments:	
ATHLETIC OFFICE USE ONLY	
Received by:	Signature: Date:
Reviewed by:	Signature: Date:

***IF RELEASE IS BEING DENIED BY COACH, ATHLETE HAS THE RIGHT TO APPEAL THE DENIAL**

AFTER REVIEW PLEASE SEND COPIES TO ATHLETIC DIRECTOR, BASKETBALL EXECUTIVE COMMITTEE, AND TO THE DIVISION COMMITTEE