

PLAYER PROVINCIAL TRANSFER FORM

PLEASE COMPLETE AND SUBMIT THIS FORM BY FEBRUARY 14, 2020

First Name		Middle Name	Last Name	Last Name	
Street Address		City	Province	Postal Code	
How long have you lived at this address?					
What is your expected length of stay at this address?					
Name of	the province (team) you wish to TRANSFER FROM:				
Name of the province (team) you wish to TRANSFER TO :					
For what reason are you playing elsewhere? (please select and complete one of the following)					
If you are a National Team Program Athlete living outside of your home province to be in an enhanced daily training environment for National Team training purposes, you need to have the Head Coach verify this by signing the statement below:					
TO BE COMPLETED BY THE NATIONAL WHEELCHAIR RUGBY HEAD COACH					
	I,, the for the National Wheelchair Rugby Team verify that is living outside his / her home province to be in an enhanced daily training environment.				
2	If you are relocating, or relocated, please scan and provide two documents to verify you have, or will be, changing your residency. These documents could be any two of, provincial medical services card, provincial drivers license, copy of a rental agreement or property ownership documentation confirming a term of 6 months or more and/or taxes submitted.				
3	If you have changed residency to attend an educational program you need to submit a copy of a document proving enrollment. You have the option of playing for your home province or the province where the educational program is offered.				
	I wish to play for the province of				
	BOTH provincial coaches involved need to indicate they are aware of your decision				
	Signature of the home provincial coach: Signature of the provincial coach where the educati	ional program is:			
4	If your home province will not be sending a team to Nationals, you need to indicate which province you will be playing for and play with them at least once during the season. Name of the province the player wishes to play with at Nationals: Tournament attended / planning to attend during the season:				
	I certify that the information I have given on the application is complete and correct.				
	Player's Signature	Da	nte	_	