



Softball PLAYERS Association

Official Player Release Form

(Please Type or Print Legibly)

This form must be completed and signed by the player being released and the team manager that is releasing the player. This form must be submitted to the SPA National Headquarters, prior to this player participating with another team in an S.P.A. qualifying or sanctioned event. This Player and this Manager are subject to disciplinary action by the S.P.A, if this procedure is not followed completely and correctly.

Players Name _____
(Last) (First) (Initial)

Address _____

City _____ State _____ Zip _____

Telephone: Residence (_____) _____

Business (_____) _____ Fax (_____) _____

I, _____ do hereby request a release From
(Players Name)

_____ Effective Date _____
(Team Name)

Team Name _____ S.P.A. Sanction # _____ Age Division _____

Team Manager _____ Classification _____

Address _____

City _____ State _____ Zip _____

Telephone: Residence (_____) _____

Business (_____) _____ Fax (_____) _____

I, do hereby release _____ from _____
(Players Name) (Team Name)

Effective Date _____ Signature _____ Date _____

Note: On completion of this form please fax to S.P.A. National Headquarters (405) 463-3307