

2017

**PENNSYLVANIA STATE CONNIE MACK BASEBALL
PLAYER RELEASE FORM
BUX-MONT LEAGUE**

This form is to be used by all Bux-Mont League Organizations and applies to the
'A', 'B1', 'B', 'C1' and 'C' Leagues

Please Print all information below except for signatures.

Player Information:

Name: _____

Address: _____

Township: _____

Telephone: _____

Reason for Release: The player being released has played at least the last 4 years of his
Little League career in the organization he will be playing
Connie Mack Baseball. The 4-year period does not include games
played in the "Fall Season" or winter workouts that an organization might
conduct.

Name of the Organization Official verifying this fact: _____

Signature of the Organization Official verifying this fact

_____ Date: _____

Name of Organization giving the release: _____

Name of Releasing Organization Official: _____

Signature: _____ *Date:* _____

Released to Organization: _____

Signature of Bux-Mont League Official: _____ *Date:* _____

NOTE TO PARENTS (GUARDIANS): Please understand that if this Release is approved by League
Officials, it will be the last one. League rules do not allow for more than one release per player – NO
MATTER WHAT THE REASON.

Parent (Guardian) Signature _____ Date: _____