

PACIFIC YOUTH FOOTBALL LEAGUE OFFICIAL BOUNDARY CHAPTER WAIVER FORM

*If the Chapter in which you reside **contests** this waiver,
you will **NOT** be eligible for post season play.*

The P.Y.F.L. herein approves the waiver of:

Football Player Name: _____

Who resides at: _____

City: _____ Zip: _____

Reason for requesting this waiver: _____

For Division: _____

Which is in the officially recognized boundaries of the:

_____ Chapter to the

_____ Chapter.

This waiver is only good for the 2018 season.

Waiving Chapter: _____

President/Vice President **ONLY** Signature: _____

Parent/Guardian Signature: _____ Date: _____

Receiving Chapter: _____

President/Vice President **ONLY** Signature: _____

P.Y.F.L. Vice President Signature: _____ Date: _____

Eligible for Post Season Play: (circle one) YES NO

REV. 01/13/16

White Copy – Receiving Chapter

Yellow Copy – Waiving Chapter

Pink Copy – PYFL