

Dane County Youth Hockey Council
FINANCIAL RELEASE

Skater's Name _____ Date of Birth _____

Skater's Permanent Home Address _____

City, State, Zip _____

High School District _____

Current Hockey Association _____

I am requesting a financial release from the _____
Leaving Hockey Association

Youth Hockey Association. This does not represent a transfer to/from an association. This form is only a financial release.

Leaving Association

As treasurer of the _____ Youth Hockey Association, I verify, by my signature, that the above named skater and their parents/guardians are cleared of any financial obligation to our association.

Treasurer's Signature _____

Date _____

DCYHC Approval

President _____ Date _____