Fox Valley Pop Warner Football, Inc.

Player Release/Drop Record Form

Upper portion to be filled out by player's Coach	
Player's Name	_
Home Phone	_
Team	-
Coach's Name	-
Release/Drop Date	
Date Coach confirmed with Parent	
Reason /Comments	
Equipment Status	
Equipment returned to Coach (If not, where it was returned	
Jersey returned to Coach (If not, where it was returned	
Below portion to be filled out by League Commissioner	
Date received by commissioner	
Commissioner's Name	
Date Commissioner confirmed with Parent	
Parent's Comments	
Copies to: Coach League Commissioner Equipment Director President	