



SACRAMENTO MEN'S SENIOR BASEBALL LEAGUE

PLAYER RELEASE FORM

Player Name	
Player Age	
Releasing Team	
Releasing Manager	
Acquiring Team	
Acquiring Team Manager	
Commissioner:	
Release Date:	

Comments:

CC
Player
Releasing Manager
Acquiring Manager
Commissioner

Signature: _____
Acquiring Manager

Date: _____

Signature: _____
Releasing Manager

Date: _____

Signature: _____
Commissioner

Date: _____