

**PENNSYLVANIA STATE CONNIE MACK BASEBALL
PLAYER RELEASE FORM**

This form is to be used by ALL Connie Mack participants.
Please PRINT clearly and sign to be accepted.

Player name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Reason for Release: _____

Organization release from: _____

Name of releasing organization official _____

Title or releasing organization official: _____

Signature of releasing organization official: _____

Organization released to: _____



A copy of this form to be forwarded to the league President.