MnJHL League TRADE FORM

COMPLETE ALL FIELDS

DATE:_____

FROM: _____ TEAM CODE: _____
(print club name)

BY:_____ SIGNED:_____
(print name)

TRADE: PLAYER NAME:_____

DATE OF BIRTH:_____ CITIZENSHIP:_____

CONFIRMATION #:_____

TRADE: DRAFT PICK – Round(s) and Year:_____

COMPENSATION:_____

TO: _____ TEAM CODE: _____
(print club name)

BY:_____ SIGNED:_____
(print name)

TRADE: PLAYER NAME:_____

DATE OF BIRTH:_____ CITIZENSHIP:_____

CONFIRMATION #:_____

TRADE: DRAFT PICK – Round(s) and Year:_____

COMPENSATION:_____

DEFAULT OR CONDITIONS: _____

_____

_____

NOTE:
Players involved in this trade must have their USAH Confirmation number processed by each team. Receiving team must make any required drops before the trade can be complete.

eFax COMPLETED FORM TO: Commissioner MnJHL
(952) 516-5377