

Special Olympic Team Transfer

Illinois River Valley Special Recreation Association
1715 Dragon Dr. Pekin, IL 61554 - Ph: 309.201.4005 - Fax: 309.353.1787



To request a team placement transfer please follow the below steps:

1. Sport: _____
2. Season: _____ Year: _____
3. Athlete's Name: _____
4. Athlete's Current Team: _____
5. Athlete's Desired Team: _____
6. Please list reasoning or special circumstances for desired transfer:

7. Email this completed form to *info@irvsra.org* or drop off at the office.
8. The involved coaches & IRVSRA administration will discuss your request. We hope to give you an answer in 3 or less days.
10. You: The Requestor's Signature: _____
(Parent or Guardian of Athlete)

Revision Date: 10/17/18

Office Use Only: Date Received: _____ Employee Initials _____

Notes: _____

Program Manager: _____ Outcome: (approved) (denied) Notified: (Y) (N) Date: _____