

NEW ENGLAND FOOTBALL LEAGUE 99 NORTH END BLVD. SALISBURY, MA 01952

Phone & Fax: (978) 465-3046

Email: info@newenglandfootballleague.com

TEAM ALLOCATION FORM FOR N.E.F.L. 2 PLAYER PARTICIPATION

I, (General Manager/Coach)	of the (Team
Name)	hereby officially give my consent to
(Player Name)	to participate in N.E.F.L. 2
(Developmental League) for the (Team Nam	ne:)
This consent is given only for the (Year) 20_	N.E.F.L. 2 (Developmental League)
season.	
All parties recognize that said player is still	under all contractual obligations with his current
N.E.F.L. team and that this consent form in	no way represents an actual player release.
	Player Signature
	General Manager/Coach Signature