



# UPPER ISLAND SOCCER ASSOCIATION

## APPLICATION TO TRANSFER

### **1. Player Information:**

Player ID # \_\_\_\_\_

I, \_\_\_\_\_, a registered player with \_\_\_\_\_  
(Name of player) (Name of present team, including Club)

In the under - \_\_\_\_\_ division, in the district of: \_\_\_\_\_, desire to transfer  
(full name of Youth District)

my services for the balance of the current season to: \_\_\_\_\_ team  
(Name of team transferring to, including Club)

In the under - \_\_\_\_\_ division, in the district of: \_\_\_\_\_  
(full name of Youth District - if different district, please also include ODD form)

Player Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Players Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Apt. Number, Street and City

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **2. Releasing team official to complete:**

We, \_\_\_\_\_, consent to the transfer of this player to the team identified above.  
(Name of releasing team)

Releasing team official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name)

Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3.**

### **Accepting team official to complete:**

We, \_\_\_\_\_, accept the transfer of this player.  
(Name of accepting team)

Accepting team official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name)

Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**4.**

### **District Registrar Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prior to October 15<sup>th</sup> there is no fee for transfer requests.  
After October 15<sup>th</sup> a \$10.00 fee, payable to The British Columbia Soccer Association must accompany application.