



APPLICATION FOR PLAYER TRANSFER

Complete in full and type/print clearly. If not, the document will not be accepted.

Name	Date
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1. PLAYER REQUEST FOR TRANSFER FOR THE REMAINDER OF THE SEASON (COMPLETED BY PLAYER)

Current Team or Club					
New Team or Club					
Division		District			
Male or Female		Senior or Youth		Indoor or Outdoor	

Player Signature		Witness Signature	
Print Name	Date	Print Name	Date
Address		Phone Number	

2. RELEASE OF OBLIGATIONS AGREEMENT TO CURRENT TEAM (COMPLETED BY RELEASING TEAM/CLUB)

Current Team or Club	
Current District	

Team Signature (Club Registrar)		District Signature	
Print Name	Date	Print Name	Date
Address		Phone Number	

3. TO THE REGISTRAR OF THE SSA (COMPLETED BY THE NEW TEAM OR CLUB)

New Team or Club			
New District		Youth or Senior	
New Division		Guest Player YES or NO	

Signature of (Team/Club/District) Registrar Receiving New Player	
Print Name	Date
Address	

PLAYERS BIRTHDATE: _____

Forward to: Program Coordinator
 Saskatchewan Soccer Association
 1870 Lorne Street
 Regina, Saskatchewan S4P-2L7

Fax: (306-780-9480)
Email: pc@sasksoccer.com