



OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC.



Inter Team Player Transfer Request and Approval Form

Name of Player Requesting Transfer _____

Current Player Registration Card Number _____

Effective Date of Requested Transfer _____

Name of Current Team Transferring From _____

Team Number (if applicable) Transferring From _____

Club of Current Team (if applicable) _____

League(s) of Team Player Transferring From _____

Name of Team Transferring To _____

New Player Pass Card Number _____

Team Number (if applicable) Transferring To _____

Club of Team Transferring To (if applicable) _____

League(s) of Team Player Transferring To _____

REASON FOR REQUEST TO TRANSFER: _____

Signature of Player _____ Date _____

Signature of Coach Transferring From _____

Approve

Disapprove

If current coach disapproves, enter written statement on reverse side.

_____ Date _____

League Registrar

Send to: (with Player Pass Card)

Ohio South Youth Soccer Association, Inc. District Commissioner

Date Received: _____

Request Accepted: _____

Request Rejected: _____

Approved by OSYSA District Commissioner, OSYSA Executive Director, or OSYSA State Registrar