

BIG COUNTRY SOCCER DISTRICT

ASSOCIATION TO ASSOCIATION TRANSFER FORM

The \_\_\_\_\_ Association

Officially transfers / releases the following player

To The \_\_\_\_\_ Association for the

Indoor Season 200\_

Outdoor Season 200\_

To play with the \_\_\_\_\_ Team

Player Name	Birth Date	Address	Telephone Number
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Reason: No Team Available In Age \_\_\_\_\_

No Team Available In Gender \_\_\_\_\_

Move Up To A Higher Age Group \_\_\_\_\_

Move Up To A Higher Tier \_\_\_\_\_

Other \_\_\_\_\_

Requested by \_\_\_\_\_ Dated \_\_\_\_\_  
Parent

Authorized by \_\_\_\_\_ Dated \_\_\_\_\_  
President of Home Association

Authorized by \_\_\_\_\_ Dated \_\_\_\_\_  
President of Big Country Soccer District