



PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Did any team or club representative approach you regarding your transferring to the new team? (YES/NO) If yes, please describe in detail the context of the contact with the player.

2. Have you fulfilled all financial obligations to your current team and club? (YES/NO) If no, is there intent to fulfill the financial obligations to the current club team and club? Please describe in detail the intent or non-intent thereof:

PLEASE DESCRIBE IN DETAIL THE REASON FOR THE REQUEST FOR TRANSFER. BE SURE TO WRITE LEGIBLY. USE ADDITIONAL SPACE OR PAPER IF NECESSARY.

Parent/Guardian's signature Print Parent/Guardian's Name Date

FOR WYSA OFFICE/DISTRICT USE ONLY:

_____ approves/ does not approve the transfer of this player.
Original Club Name

Club President's signature Print Club President's Name Date

_____ accepts/does not accept the transfer of this player.
Transfer Club Name

Club President's signature Print Club President's Name Date

For transfer requests between two clubs within the SAME district, please send completed form to your district registrar.

For transfer requests between two clubs in DIFFERENT districts, please send completed form to:

Yvonne C. Bennett, Executive Director
Wisconsin Youth Soccer Association
10201 W Lincoln Avenue
West Allis, WI 53227
YBennett@wiyouthsoccer.com
FAX: 414-328-8008