



WISCONSIN YOUTH SOCCER ASSOCIATION
10427 W Lincoln Ave, Suite 1100 | West Allis, WI 53227
office: 414.328.9972 | **fax:** 414.328.8008
email: kschauer@wiyouthsoccer.com

Competitive Player Transfer Request Form

A player is considered committed to a team for the seasonal year (8/1-7/31) when a written acceptance occurs and a parent/guardian completes the player registration form and submits it to a club representative. If at any time during the registration year, a competitive player desires to transfer to another club's team (interclub transfer), that player must submit this form with transfer fees to the State Association.

Please type or print all requested information legibly

Player's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

| | Current Club/Team | Intended Club/Team |
|--------------------|--------------------------|---------------------------|
| Club Name | | |
| Club President | | |
| Team Name & Number | | |
| Gender/Age | | |
| Competition Level* | | |

**Classic, State League, USYS National League*

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.
