

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:		
Address:		
	State:	Zip:
	email:	
	Current Club/Team	Intended Club/Team
Club Name		
Club President		
Team Name & Number		
Gender/Age		
Competition Level*		
*Classic, State League, U	SYS National League	
Please answer the followi	ng questions:	
team? Yes /	No	ording your transferring to the new
ir yes, piease describe	e in detail the context of the conta	ct with the player.

2.	If no, is there intent to fulfill the finan	you fulfilled all financial obligations to your current team and club? Yes / No is there intent to fulfill the financial obligations to the current club team and club? Please libe in detail the intent or non-intent thereof:		
_				
_				
3.	Please describe in detail, the reason	n for the request for transfer.		
_				
_				
_				
_				
_				
_				
—				
_				
Pa	rent/Guardian Signature	Date		
	bmit this form, along with the \$100 tr sociation. We recommend if submitti	ransfer fee payable to Wisconsin Youth Soccer		
		ng by mail to bond a chook.		
Re 104	sconsin Youth Soccer Association E: Player Transfer 427 W Lincoln Ave, Suite 1100 est Allis, WI 53227			
F	OR OFFICE USE ONLY:			
D	ate Received:	Review Scheduled (Date):		

Revised: 09/09/2021