



UTAH SOCCER ASSOCIATION, INC.

Soccer - your game for life

4476 South Centruy Drive • Suite B • Salt Lake City, Utah 84123 • Telephone (801) 263-8166 • Telefax (801) 263-8966

TRANSFER FORM

Name: _____ SSN#

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 Phone: (____) _____ - _____

Address: _____ Utah Zip Code: _____

City: _____ Division: _____

Current Team: _____

I, _____, hereby request to be released from my current club,
PLAYER'S NAME _____, I understand that in order to be released, any outstanding
CURRENT OR OLD TEAM'S NAME obligations (such as equipment, uniforms, etc.) must be returned before a release can be obtained.

I, _____, being the official representative for the
TEAM REPRESENTATIVE'S NAME OF THE OLD TEAM _____ Soccer Club do hereby release
NAME OF THE OLD TEAM _____ from any and all obligations that might have been or were
 outstanding to the club as of this _____ day of _____, 19 _____.

(Old) Team Representative: _____
PRINT NAME _____ SIGNATURE _____

I, _____ do hereby request to be transferred to the
PLAYER'S NAME _____ Soccer Club as of this _____ day of _____,
NAME OF THE NEW TEAM 19 _____. I have enclosed a check for \$10.00 for the appropriate transfer fee.

NEW TEAM: _____ Division: _____ I
 hereby accept the registration of _____ as of this _____ day of
 _____, 19 _____ and have verified with his/her previous club that all past obligations
 to his/her previous club have been fulfilled.

Team Representative: _____
PRINT NAME _____ SIGNATURE _____



AFFILIATED WITH THE UNITED STATES AMATEUR SOCCER ASSOCIATION,
 UNITED STATES SOCCER FEDERATION AND
 INTERNATIONAL FEDERATION OF FOOTBALL ASSOCIATIONS

