

THE ONTARIO SOCCER ASSOCIATION

PLAYER TRANSFER FORM

No _____



SEE REVERSE FOR INSTRUCTIONS

Player Details

O S A Registrant No _____ First Name _____ Last Name _____

Address _____ Apt No. _____

City / Town _____ Province ON Postal Code _____

Area Code _____ Telephone No _____ Date of Birth _____ Sex (M/F)

Day _____ Month _____ Year _____

Date Submitted to Releasing Club _____ Day _____ Month _____ Year _____

Player's Signature

Release of Player by Releasing Team

Team Number T _____ Team Name _____

League Number L _____ League Name _____

Club Number C B W _____ Club Name _____

District Number D T 0 0 _____ District Name _____

Team Age Division _____ Team Gender Male Female Married

Recreational Amateur Competitive Amateur Non-Amateur Professional

Name of Club Registrar

Signature of Club Registrar

Date: _____ Month _____ Year _____

Registration of Player by Receiving Team

Team Number T _____ Team Name _____

League Number L _____ League Name _____

Club Number C B _____ Club Name _____

District Number D T 0 0 _____ District Name _____

Team Age Division _____ Team Gender Male Female Married

Recreational Amateur Competitive Amateur Non-Amateur Professional

Name of Club Registrar

Signature of Club Registrar

Date _____ Day _____ Month _____ Year _____

SHADED AREA FOR OFFICE USE ONLY

District Registrar's Authorization

Day _____ Month _____ Year _____

Note to District Association: When the receiving district is different from the releasing district, the receiving district is required to photocopy the transfer form, after district authorization, and send copy to the releasing district.
DISTRICT COPY