



BIG COUNTRY SOCCER ASSOCIATION PLAYER TRANSFER FORM

PLAYER NAME	D.O.B (dd/mm/yyyy)	CONTACT NUMBER
ADDRESS	CURRENT CLUB/ TEAM NAME	
CURRENT CLUB/ TEAM LOCATION	CLUB/ TEAM NAME TRANSFERRED TO	
CLUB/ TEAM LOCATION TRANSFERRED TO	<input type="checkbox"/> INDOOR SEASON- 20____ <input type="checkbox"/> OUTDOOR SEASON- 20____	

REASON <input type="checkbox"/> NO TEAM AVAILABLE IN AGE GROUP <input type="checkbox"/> NO TEAM AVAILABLE IN GENDER <input type="checkbox"/> MOVE UP TO A HIGHER AGE GROUP <input type="checkbox"/> MOVE UP TO A HIGHER TIER <input type="checkbox"/> OTHER- SEE COMMENTS	COMMENTS
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The player named above is authorized to be released/ transferred to the club/ association noted in this transfer.

NAME OF PARENT MAKING REQUEST FOR TRANSFER	SIGNATURE

NAME OF THE PRESIDENT OF HOME ASSOCIATION AUTHORIZING THE TRANSFER	SIGNATURE

NAME OF BIG COUNTRY SOCCER ASSOCIATION PRESIDENT AUTHORIZING THE TRANSFER	SIGNATURE