

## The Newfoundland and Labrador SOCCER ASSOCIATION www.nlsa.ca

## **Inter-Provincial Player Transfer Form**

This form must be completed when a player currently registered with a member club or association in another province or territory wishes to transfer to a club or association that is a member of the Newfoundland and Labrador Soccer Association (NLSA).

The transfer must be approved by both the releasing provincial association and the NLSA before the player is eligible to register and participate in any activity with their new club.

Transfers are subject to the rules and policies of Canada Soccer and the participating provincial associations.

## **Submission Instruction:**

Complete sections 1 - 4	and email the form to info@nlsa.ca	
on 1 - Player Information	1	
Player's Full Name:		
Date of Birth (DD/MM/Y	YYY):	
Gender:		
Address:		
City:	Province:	
Postal Code:	Phone:	<u></u>
Email:		
	on 1 - Player Information Player's Full Name:  Date of Birth (DD/MM/Y  Gender:  Address:  City:  Postal Code:	Complete sections 1 - 4 and email the form to info@nlsa.ca  on 1 - Player Information  Player's Full Name:  Date of Birth (DD/MM/YYYY):  Gender:  Address:  Province:  Postal Code: Phone:

Signature: \_\_\_\_\_\_\_

• Date: \_\_\_\_\_

Section 3 - Current (Releasing) Club / Association Information					
Club Name:					
Province / Territory:					
League / Division:					
Club Contact Name:	contact Name:				
Contact Email:					
Section 4 - Accepting Club / Association Information					
Club Name:					
Province:					
League / Division:					
Club Contact Name:					
Contact Email:					
Section 5 - Releasing Provincial or Territory Association					
Provincial Association Name:					
Authorized Representative:					
• Title/Role:					
• Email:					
Signature:					
• Date:					
• By completing this section, I confirm that the player named in <i>section 1</i> is in good standing with our association and has no outstanding fees, suspensions, or disciplinary actions.					

## **Section 6 - Accepting Provincial Association (NLSA)**

•	Authorized NLSA Representative:	
•	Title/Role:	
•	Email:	
•	Signature:	
•	Date:	