



INTER-PROVINCIAL PLAYER TRANSFER REQUEST

THE SASKATCHEWAN SOCCER ASSOCIATION (SSA) REQUESTS A RELEASE FROM YOUR ASSOCIATION'S JURISDICTION TO THE SSA FOR THE FOLLOWING PLAYER:

SECTION 1: PLAYER INFORMATION - COMPLETED BY MEMBER ORGANIZATION

DATE OF REQUEST _____

NAME OF PLAYER _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PROVINCE WITH WHICH PLAYER LAST REGISTERED _____

LAST CLUB PLAYED FOR _____ SEASON LAST REGISTERED _____

SSA TEAM WITH WHICH YOU PLAN TO REGISTER _____

SECTION 2: PROVINCIAL RELEASE - COMPLETED BY OUTGOING PROVINCIAL SOCCER ORGANIZATION

- WE HEREBY RELEASE THE PLAYER FOR TRANSFER TO THE JURISDICTION OF THE SSA
- THIS PLAYER IS NOT BEING RELEASED FOR THE TRANSFER TO THE SSA FOR THE FOLLOWING REASON(S)

PROVINCIAL ASSOCIATION _____

NAME AT TITLE _____

SIGNATURE _____

DATE _____

SUBMIT THE REQUEST BY MAIL, E-MAIL OR FAX TO

300 - 1734 Elphinstone St., Regina,
SK S4P 2L7

registrar@sasksoccer.com

fax: 306-780-9480

