



CALGARY WOMEN'S SOCCER ASSOCIATION
GENERATIONS UNITING TOGETHER

APPLICATION FOR PLAYER TRANSFER/REMOVAL

USE THIS FORM TO: 1) Transfer a player from one team to another
2) Remove a player from your roster

Date:

I, _____ ID # _____ of the _____
(NAME OF PLAYER) (NAME OF CURRENT TEAM) (DIVISION)

Desire to: Transfer to _____
(NAME OF NEW TEAM) (DIVISION)

Desire to: Take my name off the above roster

We, the _____, consent to the transfer of the above noted player.
(NAME OF CURRENT TEAM)

AUTHORIZING SIGNATURES

Signature of Player: _____

Current Team Official: _____
(Name – Please Print)

(Signature)

New Team Official: _____
(Name – Please Print)

(Signature)

PLEASE NOTE: *A Transfer Fee of \$20 must be paid to the Office before the transfer can be made.
Please call 403-720-6692 to pay the Transfer Fee.
There is no fee for Player Removals.*