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Transfer Request Form

NAME (print) _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE – Player _____ PHONE _____

SIGNATURE – Parent _____ PHONE _____

TRANSFER REQUEST Player is being transferred. Original pass must be surrendered with form to the registrar for processing transfer

NEW TEAM: _____ AGE/DIV _____ LEAGUE _____

CURRENT TEAM: _____ AGE/DIV _____ LEAGUE _____

SIGNATURE – Current Team Official _____ DATE _____

SIGNATURE – Current Club Official _____ DATE _____

PLAYERS – I AM DECLARING _____ TEAM AS MY PRIMARY
NATIONAL CHAMPIONSHIPS SERIES TEAM.

PLAYER SIGNATURE _____ DATE _____

APPROVE BY PA WEST SOCCER

STATE APPROVAL SEAL

SIGNATURE _____

NAME (print) _____

TITLE _____

DATE _____