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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 surrender 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 \_\_\_\_\_