

THE ONTARIO SOCCER ASSOCIATION

PLAYER TRANSFER FORM



SEE REVERSE FOR INSTRUCTIONS

Player Details	O.S.A. Registrant No.	First Name	Last Name		
	Address				Apt. No.
	City / Town	Province	Postal Code		
	Area Code	Telephone No.	Date of Birth	Day	Month Year
					Sex (M/F) <input type="checkbox"/>
	Player's Signature				Date Submitted to Releasing Club

Release of Player by Releasing Team	Team Number	Team Name
	League Number	League Name
	Club Number	Club Name
	District Number	District Name
	Team Age Division	Team Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Mixed <input type="checkbox"/>
	<input type="checkbox"/> Recreational Amateur <input type="checkbox"/> Competitive Amateur <input type="checkbox"/> Non-Amateur <input type="checkbox"/> Professional	

Name of Club Registrar _____ Signature of Club Registrar _____ Date: Day Month Year

Registration of Player by Receiving Team	Team Number	Team Name
	League Number	League Name
	Club Number	Club Name
	District Number	District Name
	Team Age Division	Team Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Mixed <input type="checkbox"/>
	<input type="checkbox"/> Recreational Amateur <input type="checkbox"/> Competitive Amateur <input type="checkbox"/> Non-Amateur <input type="checkbox"/> Professional	

Name of Club Registrar _____ Signature of Club Registrar _____ Date: Day Month Year

SHADED AREA FOR OFFICE USE ONLY

_____ District Registrar's Authorization _____ Date: Day Month Year

Note to District Association: When the receiving district is different from the releasing district, the receiving district is required to photocopy the transfer form, after district authorization, and send copy to the releasing district.

DISTRICT COPY