

THE ONTARIO SOCCER ASSOCIATION

PLAYER TRANSFER FORM



No 1784

SEE REVERSE FOR INSTRUCTIONS

Player Details

O.S.A. Registrant No. _____ First Name _____ Last Name _____

Address _____ Apt. No. _____

City / Town _____ Province O N _____ Postal Code _____

Area Code _____ Telephone No. _____ Date of Birth _____ Sex (M/F)

Day _____ Month _____ Year _____

Date Submitted to Releasing Club _____ Day _____ Month _____ Year _____

Player's Signature

Release of Player by Releasing Team

Team Number T _____ Team Name _____

League Number L _____ League Name _____

Club Number C B _____ Club Name _____

District Number D T 0 0 _____ District Name _____

Team Age Division _____ Team Gender M ale F emale mi X ed

Recreational Amateur Competitive Amateur Non-Amateur Professional

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

Registration of Player by Receiving Team

Team Number T _____ Team Name _____

League Number L _____ League Name _____

Club Number C B _____ Club Name _____

District Number D T 0 0 _____ District Name _____

Team Age Division _____ Team Gender M ale F emale mi X ed

Recreational Amateur Competitive Amateur Non-Amateur Professional

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

SHADED AREA FOR OFFICE USE ONLY

District Registrar's Authorization _____ 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