

SOUTH TEXAS YOUTH SOCCER

Seasonal Year/	
☐ Fall ☐ Spring	

PLAYER TRANSFER / RELEASE

Please type or print neatly. All information must be completed prior to the transaction being processed.

PLAYER INFORMATION: ID#	Date	e of Birth:	
Name:			
Address:	City:	State:	Zip Code:
Player Signature:	Parent / Guardian Signature:		
Comments:			
RELEASING TEAM:			
Association Name:	Coach's Name:		Phone:
Club Name:	<u>The signature</u>	of the Releasing Coach is no	ot required.
Team Name:	Club Registrar's Signature:		Date:
Team Code:	Assn Registrar's Signature:_		Date:
IF PLAYER IS T	RANSFERRING TO ANOTHER TEAM: FIL	LL OUT INFORMATION BE	ELOW.
RECEIVING TEAM:			
Association Name:	Coach's Name:		Phone:
Club Name:	Coach's Signature:		Date:
Team Name:	Club Registrar's Signature:_		Date:
Team Code:	Assn Registrar's Signature	9:	Date: