THE ONTARIO SOCCER ASSOCIATION

PLAYER TRANSFER FORM

SEE REVERSE FOR INSTRUCTIONS

№ 3797

Player Details

O.S.A. Registratrant No. | First Name | Last Name

Address | Apt. No.

City / Town | Province (O N) | Postal Code

Area Code | Telephone No. – | Date of Birth: Day | Month | Year | Sex (M/F)

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