



**Wisconsin Adult Soccer Association**  
10708 West Hayes Avenue. West Allis, WI 53227  
414.545.7227 Ext.1# Fax 414.545.7249 www.wisoccer.org  
*Affiliated with the United States Soccer Federation*

## Player Transfer Request Form

*The transferring player and the team manager releasing the player must fill out this form*

In Accordance with Wisconsin Adult Soccer Association (WASA) all players wishing to transfer from one club team to another must submit notice using this form to the state association, a transfer request. This form must be completed for all transfer requests from one club team to another.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Team: \_\_\_\_\_

First       Major       U23       Other: \_\_\_\_\_

Team player is transferring to: \_\_\_\_\_

First       Major       U23       Other: \_\_\_\_\_

Will your team be able to play its normal scheduled games during the season if the transfer occurs?

Yes    No

Have you fulfilled all financial obligations to your current team/club?

Yes    No

*Once a player signs a registration form that player is bound to that team/club for the duration of the registration year, which runs August 1 through July 31. If at any time during the registration year, a competitive player desires to transfer to another club's team, that player must submit this form explaining the request for transfer. The administrator will make the transfer once the new team pays the transferring fees.*

**(Form not valid unless it has player and manager signatures)**

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_