## **Appleseed Youth Soccer Association**

P.O. BOX 3686, MANSFIELD, OHIO 44907 Tel. (419) 525-2972 <u>www.aysasoccer.org</u>

## **Player Transfer Form**

Player's Name (Print):		
Date of Birth:	Player ID #:	
Guardian's Name (Print):		
Address:		
State:		
Email:		
the new team.	am to another. This completed form must accompany the r	
Current Club Official Signature:	Date:	
New Club Name:	Team ID #:	
Age Division: New Club Offici	al Name:	
New Club Official Signature:	Date:	
League Registrar Name:		
League Registrar Signature:	Date:	
Reason for Transfer:		