

MASSACHUSETTS YOUTH SOCCER ASSOCIATION

Request for Inter-League Transfer

I, _____ of _____, _____,
player name address resident community

MA, _____ being a Division _____ U- _____ player in the _____ hereby
zip div # age resident league

request to transfer to _____, MA as a Division _____ U- _____ player in
receiving community div # age

the _____. My specific reason for requesting this transfer is:
receiving league

 Signature of Player date

 Signature of parent/guardian date

 Signature of President Community transferring from Approved / Disapproved date

 Signature of President League transferring from Approved / Disapproved date

 Signature of President League transferring to Approved / Disapproved date

 Signature of President Community transferring to Approved / Disapproved date

Note: *No player may transfer unless all four parties above approve the transfer. You will be notified in writing if this transfer is approved or disapproved. A copy of this signed approval form shall be affixed to the roster.*