

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.