



Player or Coach Transfer Form

(PLEASE PRINT NEATLY)

Name of Player/Coach _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone() _____ DOB _____ Registration # _____

The above named player requests to be transferred from his/her currently rostered team to a new team as indicated below. All proper procedures have been followed and the transfer has been authorized by all parties concerned. By signing this form we accept that this transfer has been completed within the bounds of the current ASSA rules covering such transfers. Please see Chapter 8: For Rules concerning teams entering State Cups.

PLAYER PASS FOR OLD TEAM MUST BE ATTACHED TO THIS FORM TO TRANSFER PLAYER

(PLEASE PRINT NEATLY)

Information of Team Transferring from

Team Number _____ Team Name _____

Team Number is located in top right corner of roster

Coach _____ Age Division _____

NEW PLAYER PASS WILL BE ISSUED WHEN OLD PASS IS RETURNED
 LEVEL 2 & 3 PLAYERS ONLY

Information of Team Transferring to

Team Number _____ Team Name _____

Team Number is located in top right corner of roster

Coach _____ Age Division _____

Signatures Required # 1, # 2, # 3 & #4

(FOR ABANDONED TEAMS, REGISTRAR ONLY NEEDS TO SIGN)

1) Old Registrar _____ 3) Old Team Coach _____

2) New Registrar _____ 4) New Team Coach _____

ASSA Approval _____ Date _____

