ONTARIO SOCCER TRANSFER/DE-REGISTRATION FORM

This form is to be completed and submitted by the Club and sent to the appropriate District Association. The Club will be advised by the District Association once validated.

PLAYER INFORMATION		
Date of Request:		
Player Registration	#:	
Name of Player:		Date of Birth:
Address:		
City:	Province:	Postal Code:
TRANSFER APPROVAL		
Requesting Release from (Club):		
Team Leaving:		
Club Transferring to	o:	
New Team:		
□ I acknowledge that I am permitted to the following: Two transfers only during the current playing season within the jurisdiction of a District Association. However, a player once transferred cannot be transferred back to the team for which he was originally registered until a period of thirty days has elapsed.		
Player's Signature:		Date:
	DE-REGISTRA	TION
Requesting Release from (Club):		
☐ I am requesting to be de-registered as a registrant of Ontario Soccer and do not wish to be transferred to another organization at this time.		
Player's Signature:		Date:
	VALIDATIO	N .
Releasing Organization's Authorization (to be signed by Club Registrar):		
Name:	Signature:	Date:
District Association must validate this form.		
Name	O:	D-4
Name:	Signature:	Date:



