## Midland Soccer Association Request to Change Team Form

Form <u>required</u> between Fall and Spring seasons.

Player's Name:	Boy or Girl:	
Player's Birth Year:	Play Up: Yes or No	
Neighborhood <b>MISD</b> school:	·	
Parent's Full Name (s):		
Parent's Cell Number (s):		
Change team request reasons:	5.1.4	3.5.0 CHECK ONE
elementary school (NES) are be given the	e opportunity to move to his/her ar	ng on a team outside his/her neighborhood public ea by going through the team assignment pool by filing loes not guarantee that the player will practice at the
being August 1 through July 31. Players request in writing. Transfer requests must Commissioner and Commissioner.  a) The transfer of recreational players is 6 b) The recruiting of a recreational player work. Team to that coach's regular roster is prod to the transfer of a recreational player work. The transfer of a recreational player work. The transfer of a recreational player work team for the remainder of the current so e) All players who transfer off a recreation reassignment.	equesting a transfer will be require st be accompanied by a \$25 admin discouraged and should only take p from one team to another is not all ho has participated for a specific cophibited for the remainder of that such has participated as a guest play accer year and all of the following you all team to another recreational to	oach as a guest player or on an Olympic Development occer year and for the next soccer year. er for a specific team may not transfer or be added to th
Remove from (team name):		Age Group:
Reason for Change Team Request:		
I understand the Transfer Requests proce (5.1.4).  Parent Signature:		trative fee (3.5.0) or provide proof of address change
Office Use Only: Request Approve		Date:

Return Form To: MSA

3500 North A Street, Suite 1600 (Inside Midland Shared Spaces building)

Email to info@midlandsoccer.org