

Youth Application to Transfer

(Youth players transferring to another youth team)

PLAYER INFORMATION	
Name:	ID #:
Address:	
City:	Postal Code:
Home Telephone:	Mobile:
Email:	Date of Birth (mm/dd/yyyy):
Parent/Guardian Signature:	Date (mm/dd/yyyy):

TRANSFERING FROM (Releasing Team)	
Team:	
Age Group:	
Division:	
District:	
Releasing Team Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	

TRANSFERING TO (Accepting Team)	
Team:	
Age Group:	
Division:	
District:	
Accepting Team Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	

APPROVAL	
Name of Accepting Youth District Registrar:	
Signature:	Date (mm/dd/yyyy):

Please Check Payment Method (If applicable. There is a \$10 fee for transfers between Youth Districts.)											
<input type="checkbox"/>	Cheque (made payable to BC Soccer Association)										
<input type="checkbox"/>	Cash										
<input type="checkbox"/>	Debit (available at office only)										
<input type="checkbox"/>	Credit Card (please provide information below or call to provide over the phone 604.299.6401)										
<input type="checkbox"/>	<table border="1"> <tr> <td>Name as appears on the Credit Card:</td> <td></td> </tr> <tr> <td>Type of card (VISA or Mastercard only):</td> <td></td> </tr> <tr> <td>Credit Card number:</td> <td></td> </tr> <tr> <td>Credit Card expiry date (mm/yy):</td> <td>Security code:</td> </tr> <tr> <td>Cardholder Signature:</td> <td></td> </tr> </table>	Name as appears on the Credit Card:		Type of card (VISA or Mastercard only):		Credit Card number:		Credit Card expiry date (mm/yy):	Security code:	Cardholder Signature:	
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Type of card (VISA or Mastercard only):											
Credit Card number:											
Credit Card expiry date (mm/yy):	Security code:										
Cardholder Signature:											

SUBMISSION INSTRUCTIONS		
Complete the form with all signatures required.		
Submit to the attention of:	Nicole Laird, Member Services Administrator	
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	nicolelaird@bcsoccer.net
	3) Fax:	604.299.9610

PLEASE NOTE
<ul style="list-style-type: none"> • Applications will not be processed until full payment of \$10.00 is received and the application has been completed in full. Payment is not required for transfers within Youth District. • Upon being processed, a copy of the transfer form will be forwarded to the Youth District registrar. • Players are not eligible to play for the new team until the transfer has been approved • Please see Rule 7. Transfer of Players in BC Soccer Rules and Regulations www.bcsoccer.net.

OFFICE USE ONLY	
Date Received:	Processed by: