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**Lower Island Soccer Association**

**Inter-Club Transfer Form**

*Please note after October 15th only a BC Soccer Transfer Form is required*

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| Player Information and Request to Transfer |  |  |
| Name: | ID#: |  |
| Address: |  |  |
| Phone Number: | Date of Birth(mm/dd/yyyy) |  |
| Player Signature: |  |  |
| Parent/Guardian Signature: |  | Date: |

|  |  |
| --- | --- |
| Releasing Team Section- **I, The undersigned, authorize the transfer of the above player to the receiving team** | |
| Releasing Club and Team: | |
| Releasing Club Official Name: | |
| Position:  Date: | |
| Signature: | |
| Authorized by Releasing Team Registrar |  |
| Signature | Date: |
| Receiving Team Section- **I, The undersigned, authorize the transfer of the above player to the receiving team** | |
| Receiving Team and Club: | |
| Receiving Club Official Name: | |
| Position:    Date: | |
| Signature: | |
| Authorized by Receiving Team Registrar |  |
| Signature | Date: |

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| LISA Section – Authorized by LISA Registrar |  |
| Signature | Date: |