

INCOMPLETE FORMS
WILL NOT BE CONSIDERED

PLAYER TRANSFER
REQUEST FORM
(CLUB TO CLUB)

Players Name _____

DOB _____

Address _____

Phone _____

City/St/Zip _____

Email _____

Coach Name _____

Phone _____

Address _____

City/St/Zip _____

Email _____

Parent Name(s) _____

Phone _____

Address _____

City/St/Zip _____

Email _____

CURRENT TEAM

Club _____

Team _____

Age U- _____ Gender _____

PLAYER WISHES TO TRANSFER TO:

Club _____

Team _____

Age U- _____ Gender _____

Coach _____

Phone _____

DOC _____

Phone _____

President _____

Phone _____

___ I acknowledge that I have read TSSA Policy 26, Section 3.

___ I acknowledge that we have followed the chain of command prior to our formal request to transfer to TSSA. The chain is:

- ___ Current Coach
- ___ Current Club VP/Competition/Gender/If applicable
- ___ Current Club DOC
- ___ Current Club President
- ___ TSSA District Director: Name _____

___ Detailed Reason Report is attached (separate page)

___ I have enclosed a Transfer Request Fee of \$250

___ I acknowledge that if my request is denied, I will forfeit my Request Fee.

___ I acknowledge that if my request is granted, TSSA will refund me \$100 of the \$250 Request Fee.

_____ Player Name	_____ Player Signature	_____ Date
_____ Parent Name	_____ Parent Signature	_____ Date
_____ Current Coach Name	_____ Current Coach Signature	_____ Date
_____ Current DOC / Pres. Name	_____ Current DOC / Pres. Signature	_____ Date
_____ New Coach Name	_____ New Coach Signature	_____ Date
_____ New DOC / Pres. Name	_____ New DOC / Pres. Signature	_____ Date

Note: Form must be signed by all parties to be considered

Upon completion of the Transfer Request Form

Please forward to:

V.P. Competitive

TSSA

100 Country Club Dr.

Suite 100

Hendersonville, TN 37075

Ruling on your request will be completed within 15 days from date received.
