

North Texas Soccer
 1740 South I-35, Suite 10
 Carrollton, TX 75006
 972-323-1323
 (FAX) 972-242-3600



Affiliated with the United States Soccer Federation
 and Federation Internationals de Football Association

TRANSFER REQUEST

Dear Parent & Player:

Please be aware that NTSSA Rule 3.10.7 states, in part, that a competitive player is obligated to his competitive team for the soccer playing year.... and any release to transfer to another NTSSA competitive team will be allowed only in limited circumstances. . . This shall be done between the dates of December 1 and January 31 for U-11 through U-14 and December 1 and March 15 for U-15 through U-19 only. In order to effectuate a transfer, a written request for transfer must be submitted to NTSSA, upon receipt the NTSSA office will forward reason for transfer to the player's current coach or manager for a written response. The Competitive Committee will render a decision based on the written reports received. Any appeal of this decision must be received by the NTSSA office, in writing within five (5) days of receipt of the original decision and must be accompanied by a fee of \$50. Upon receipt of the appeal, the Competitive Committee will schedule a hearing with all parties invited to attend. Any appeal of the decision of the Competitive Soccer Committee after their hearing must be made directly to the Executive Committee along with appropriate paperwork and a check, cashiers check or money order for \$100.00 fee.

PLEASE COMPLETE Mail to: 1740 S. I-35, Suite 105, Carrollton, TX 75006
 Or Fax to: Fax#: 972-242-3600 Attn: Ronda Messersmith

Player Name:			Phone #: () -		
Address:		City:		TX	Zip Code:
Age Group: U- _____	Gender: _____	Have you been released from Fall Team: Yes _____ Attached _____			
Team Registered with in Fall:					
Team Home Association: (Where your Team Registers)					
Parent email address:				Fax #:	()

If you do not have a team to transfer to Please leave this section BLANK.

Team Name, if known where you want to transfer:		Age Group:
Coach's Name:		U-
Playing League:		

Your Coach and/or Manager will be contacted; this information must be filled out. (Or this form will be returned to you.)

Coaches Name:		Phone #: ()			
Address:		Apt #:	City:		TX Zip Code:
E-mail Address:					

Managers Name:		Phone #: ()			
Address:		Apt #:	City:		TX Zip Code:
E-mail Address:					

REASON FOR REQUEST OF TRANSFER. (Please be specific; use separate sheet)

PLEASE SIGN:

Parent: _____ Player: _____

NOTE: A competitive player may return to his Home Association to play recreational soccer at any time before April 30 of the current soccer year, with the player release filled out and signed by all parties.