

REQUEST FOR CHANGE OF CLUB REGISTRATION or CHANGE OF TEAM



PLEASE TYPE OR PRINT

PLAYER INFORMATION

Last Name _____ First Name _____

Street Address _____ Town _____ Zip Code _____

Date of Birth _____ ID# _____ Telephone _____

CURRENT: _____ B/G U- _____
Premier Soccer **Team/Club** Club # Team/Age District

_____ B/G U- _____
Classic Soccer **Club** Club # Team/Age District

TO: _____ B/G U- _____
Premier Soccer **Team/Club** Club # Team/Age District

_____ B/G U- _____
Classic Soccer **Club** Club # Team/Age District

Signature Parent/Guardian Name (Printed) Date
(Player if over 18)

Consent of Current Club President or Chief Officer (Club player wishes to leave)

Signature - President or Chief Officer Name (Printed) Date

Consent of New Club President or Chief Officer (Club player wishes to join)

Signature - President or Chief Officer Name (Printed) Date

A transfer is not completed until it is **received at the CJSA State Office and approved by the State Registrar or President.**
Fax or mail completed form with original signatures to:

CJSA - Player Registration
11 Executive Drive
Farmington, CT 06032
860-676-1162 Fax

Approved transfers will be sent to the District Registrars and to the Clubs affected.

FOR CJSA STATE OFFICE USE ONLY:

___ **APPROVED** ___ **DENIED - Reason:** _____

X _____
State Signature Date