

**LOUISIANA SOCCER ASSOCIATION
ADULT DIVISION
TRANSFER FORM - TRANSFER FEE \$3.50**

I (print name) _____

Social Security Number _____

REQUEST TRANSFER FROM

_____ Soccer Team Name

_____ LSA Affiliated Club Name

Division: Check one: Men's Open Men's over 30 Men's Over 40
Women's Open Women's Over 30 Co-Ed

RELEASING TEAM REPRESENTATIVE SIGNATURE _____

RELEASING CLUB REGISTRAR SIGNATURE _____

AND TO BE TRANSFERRED TO

_____ Soccer Team Name

_____ LSA Affiliated Club Name

Division: Check one: Men's Open Men's over 30 Men's Over 40
Women's Open Women's Over 30 Co-Ed

PLAYER SIGNATURE _____ DATE _____

NEW TEAM REPRESENTATIVE SIGNATURE _____

NEW CLUB REGISTRAR SIGNATURE _____ DATE _____

Send to LSA with Updated Rosters and LSA Payment Form