



Vancouver Island Soccer League Application to Transfer

Mail to:
VISL, P.O. Box
38017- 794 Fort St.
Victoria, B.C.
V8W 3N2

I, the undersigned, a registered player, # _____, of the: _____
Division: _____

Soccer Team of the _____ League, desire to Transfer my services
to: _____ Division: _____

Team of the: _____ League.

Player's Name: _____ Tel: _____

Address: _____ City: _____

Postal Code: _____ D.O.B. (D/M/Y): ____ / ____ / ____

Player Signature: _____

Releasing Team

I, Authorized Official of Team: _____ Div: _____

Consent to the Transfer of: (player name) _____

to the: _____ Division: _____

of the: _____ League. Date: (D/M/Y) ____ / ____ / ____

Authorized Official's Name: _____

Signature: _____

I, Authorized Club Official: (Name) _____

Of Receiving Team/Club: (Team/Club Name) _____

**Authorize the player named above to be transferred accordingly and
request the player be registered as a Amateur Player for this team.**

Date: (D/M/Y) ____ / ____ / ____ Signature: _____

Authorized by VISL Registrar: _____ Date: _____

Transfer Fee MUST accompany Application

jd-visl 2000 **Faxed copies of this application will not be accepted**