REQUEST FOR CHANGE OF CLUB REGISTRATION or CHANGE OF TEAM

Player Information

Last Name: _____ First Name: _____

Street Address: _____ Town: _____ Zip: _____

Date of Birth: _____ ID#: _____ Phone #: _____

Current:

Premier Soccer **Team/Club**	Club #	Boy ☐ Girl ☐	Team/Age	District
Classic Soccer **Club**	Club #	Boy ☐ Girl ☐	Team/Age	District

To:

Premier Soccer **Team/Club**	Club #	Boy ☐ Girl ☐	Team/Age	District
Classic Soccer **Club**	Club #	Boy ☐ Girl ☐	Team/Age	District

Signature Parent/Guardian (Player if over 18) (Electronic signature not accepted)	Name of Parent/Guardian	Date

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

Signature – President or Chief Officer (Electronic signature not accepted)	Name of President or Chief Officer	Date

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

Signature – President or Chief Officer (Electronic signature not accepted)	Name of President or Chief Officer	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 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:_____

_____ _____
State Signature **Date**

Old passes MUST be returned to District before new pass is validated by District.

Rev. 9/06