



ISF PLAYER TRANSFER REQUEST FORM

(Please Print)

Date ____/____/____

The following form is intended to assist ISF member federations/associations in the process of allowing a player from one country to play for a club team in another country. This permission is only good for one calendar year with permission automatically expiring on December 31, of the year this form is signed.

This request is based upon the player in question meeting the eligibility requirements of the national federations/associations involved.

PLAYER INFORMATION

Player's Last Name		First	Middle	<input type="checkbox"/> Mr <input type="checkbox"/> Miss	Email address:	
				<input type="checkbox"/> Mrs <input type="checkbox"/> Ms		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		Country where player is legal resident:		Birth Date	Age
						Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	State	ZIP Code	Social Security	
					Home Phone No. ()	
P.O. Box	City		State		ZIP Code	

COUNTRY PLAYER WANTS TO PLAY FOR:

Other Comments:

X
Signature Of Approval By Sending National Federation/Association _____ DATE _____

X
Signature Of Approval By Receiving National Federation/Association _____ DATE _____

- Copies sent to:
- International Softball Federation Headquarters
 - Sending Federation/Association
 - Athlete
 - Receiving Federation/Association Club Team