



REQUEST FOR INTERSTATE TRANSFER

All players living in the state of Iowa who wish to be rostered on a team registered in another state must complete this form. The form and a check (made out to the ISA) for the applicable player registration fee must be sent to the ISA registrar thirty (30) days prior to the start of the playing season.

PLAYER NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

DATE OF BIRTH _____

I _____ AND MY PARENTS _____

_____ WISH FOR ME TO BE REGISTERED WITH THE IOWA
SOCCER ASSOCIATION AND TO BE RELEASED TO PLAY SOCCER IN THE STATE OF _____

_____ FOR THE _____ CLUB/LEAGUE.

OUR CHECK FOR \$ 22.00 ENCLOSED WITH THIS REQUEST.

PLAYER SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

LOCAL REGISTRAR _____ DATE _____

ISYSA REGISTRAR _____ DATE _____

**Iowa Soccer Association
3850 Merle Hay Rd, Suite 524
Des Moines, IA 50310-1324
515-252-6363 or Fax 515-252-7676**