



Kansas State Youth Soccer Association

REQUEST FOR RELEASE/TRANSFER

Player Name: _____ US Youth Soccer I.D.# _____

Address: _____ Date of Birth: ____/____/____

I hereby request a release from: _____
Team League

In order to transfer to _____
Team League

For the following reason: _____

Player Signature _____ Date: _____

Parent Signature _____ Date: _____