



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/national 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 <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Email address:	
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
- Athlete
- Sending Federation/Association
- Receiving Federation/Association Club Team