PLAYER PASS/TRANSFER



Instructions: Complete the Player information section and the appropriate section (s) below, return the form with the necessary signatures and the processing fee (if applicable-see appropriate sections to Naples Futsal Championship for Approval.

AIVIAI EUR/PROFESSION	IAL PLAYER INFORMATION	
LAST NAME	FIRST NAME	SEX
ADDRESS		_
CITY	STATE ZIP CODE	_
TELEPHONE	BIRTHDAY//	PLAYER'S PHOTO
EMAIL		_
PLAYER'S PROFESSION		
U.S. CITIZEN YES NO	INTENTED TO BECOME CITIZEN YES NO	COUNTRY OF BIRTH
PLAYER'S SIGNATURE		DATE// month day year
CLUB RELEASING THE P	LAYER/MOVING TO NEW CLUE	3
CLUB NAME FROM	то	
PRESIDENT'S NAME		
PRESIDENT'S SIGNATURE		_
DATE/		
OFFICIAL USE		
LEAGUE'S NAME :		
PRESIDENT'S NAME :		
PRESIDENT'S SIGNATURE		-
DATE/		