

# WBSC PLAYER TRANSFER REQUEST FORM

(Please Print)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*The following form is intended to assist WBSC 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	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:

- World Baseball Softball Headquarters
- Athlete
- Sending Federation/Association
- Receiving Federation/Association Club Team