

SOFTBALL COMMISSION PLAYER TRANSFER REQUEST FORM

The following form is intended to assist WBSC Europe softball 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 Name _____ Middle Name _____

Mr. ☐ Ms. ☐

Is this your legal name? Yes ☐ No ☐

If not, what is your legal name? _____

Email address: _____

Country where player is legal resident: _____

Birth Date _____ Age _____

Sex M ☐ F ☐

Street Address _____

City _____ State _____

ZIP Code _____

Social Security _____

Home Phone No. _____

COUNTRY PLAYER WANTS TO PLAY FOR:

COUNTRY:

TEAM:

Other comments:

Note:

Signature Of Approval By Sending National Federation/Association

DATE

Signature Of Approval By Receiving National Federation/Association

DATE

Copies sent to:

- WBSC-Europe (softball@wbsceurope.org)
- Sending Federation/Association
- Athlete
- Receiving Federation/Association Club Team