



United States Amateur Soccer Association, Inc.

A National Member of the United States Soccer Federation
U.S. Soccer House, 1801-1811 S. Prairie Ave., Chicago, IL 60616
Telephone (312) 808-1300 Fax (312) 808-9263



INTERNATIONAL CLEARANCE REQUEST FORM

West Virginia Soccer Association
306 ½ Neville Street, Beckley, WV 25801
Telephone (304) 252-9872 Fax (304) 252-9878

Send this form by U.S. Mail to the WWSA State office. Rev.7-17-01

A. Biographical Information *Print or type clearly*

Male

Female

Player's Last Name _____ First Name _____ Middle Name _____

Mother's Last Name (including Maiden) _____ First Name _____ Middle Name _____

Father's Last Name _____ First name _____ Middle Name _____

Permanent Address _____ City _____ State _____ Zip _____

Present Address (if different than permanent)

Month _____ Day _____ Year _____

_____/_____/_____/_____/_____/_____/_____/_____
Date of Birth Social Security Number (Optional) Place of Birth Country

_____/_____/_____/_____/_____/_____/_____/_____
Citizenship Telephone Number Contact Number in the U. S. A.

B. Request for International Transfer Certificate *Print or type clearly*

_____/_____/_____/_____/_____/_____/_____/_____
Last Club Participated With League Country

_____/_____/_____/_____/_____/_____/_____/_____
Date of Last Game Professional/Amateur Date Clearance Requested

_____/_____/_____/_____/_____/_____/_____/_____
Club Wishing to Participate League State

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under professional contract to any other team (domestic or foreign) and I am under suspension by any member organization of the Federation Internationale de Football Association.

_____/_____/_____/_____/_____/_____/_____/_____
Signature of Player Date

_____/_____/_____/_____/_____/_____/_____/_____
Signature of Parent or Guardian (if applicable) Date