



REQUEST TO TRANSFER TEAMS FORM

LEAVE NO LINES BLANK

STEP 1 -- TO BE COMPLETED BY PARENTS OR GUARDIAN (Print or Type)

Name of Transferring Player: _____

Current or Entering Grade (i.e., **grade player is in during playing season**) _____

Students Address: _____
Street City, State Zip

Zoned School: _____

Did Player Attend Tryouts for Zoned School: _____

Outcome of Tryout for Zoned School: _____

School Player Would Like to Transfer to: _____

Did Player Attend Tryouts for Transfer School: _____

Outcome of Tryout for Zoned School: _____

Reason for Transfer: _____

History of Middle School Athletic Participation (include sports, grade, and schools played for): _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Signature (Parent or Guardian): _____ Date: _____

STEP 2 – Submit completed form (leaving NO blanks) to

GoalSoccerLeagueTN@gmail.com

Date _____

GSL Director _____