



# North West Junior Soccer Association Inc.

P.O. Box 2387  
Port Adelaide  
SA 5015

ABN: 92 023 591 876

<http://www.nwjasa.org.au>

## PLAYER TRANSFER APPLICATION

As parent/guardian of (student name).....

of (school).....we endorse the transfer of our child for the purpose of participating within the North West Junior Soccer Association (NWJSA) program.

Parent/Guardian name:.....

Signature:.....Date:.....

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As Principal of (school transferring from).....

I give authority for (student name).....

to play for (school name) ..... in the NWJSA soccer program for the (year).....season.

Principal's name:.....

Signature:.....Date:.....

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As Principal of (school transferring to).....

I request that (student name).....

of (school name)..... participate with my school in the NWJSA program. I acknowledge that it is my schools appointed Delegate responsibility to deliver information to this student's school of enrolment in all matters associated with NWJSA.

Principal name:.....Delegate name.....

Signature:.....Signature.....

Date:.....Date.....

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