

U.S. Soccer Federation International Clearance Request Form (ITC 5-11)

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name	F	ïrst Name	Middle Initial			
Mother's Maiden Name	F	ïrst Name	Middle Initial			
Father's Last Name	F	First Name				Middle Initial
Most Recent United States Address	— ō	City		-	State	Zip Code
E-mail Address	F	Primary Phone				
Birth Date Month Day Year	C	Gender	Male / F	emale		
Country of Birth		Countr				
B. REQUEST FOR INTERNATIONAL TRANSI (This section <u>MUST</u> be completed or the application Last Foreign Club Participated	ation will <u>N</u>		sed)			League
Date of Last Game		,				
Month Day Year	r Profe	essional/Amat	eur			
Club Wishing to Participate With	State	/Country				League
I hereby confirm all of the above information professional contract to any other team (do organization of Federation Internationale de Signature of Player	mestic or f	oreign) and l				
Signature of Parent or Guardian (Required for any player under the age of 18)		Date:	Month	Day	Year	
Please compl		ıbmit this for 's Got Socce		-		
282	28 Lake my	Soccer Associ /rtle Park Roa 3823312-808-	d			
	. ,	8220 phone 3-8221 fax				

info@fysa.com