**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 Receving National Federation/Association DATE

**Copies sent to:**

▪ WBSC-Europe ([softball@wbsceurope.org](mailto:softball@wbsceurope.org)) ▪ Athlete

▪ Sending Federation/Association ▪ Receiving Federation/Association Club Team