

**Clermont Central Soccer Association
Special Request (player placement) Form**

*This report must be turned in to your District Rep. & the Vice President of CCSA
Amelia ~ Batavia ~ Bethel ~ Blanchester ~ CNE ~ Felicity ~ Goshen ~ New Richmond ~ Western Brown ~ Williamsburg*

PLEASE PRINT LEGIABLY

Date of Requested Transfer: _____

Name of Player Requesting Transfer: _____

Name of Current Coach Requesting a Transfer from: _____

Team Number (if applicable) Transferring From: _____

Name of Team/Coach Requesting to be Transferred to: _____

Team Number (if applicable) Transferring To: _____

REASON FOR REQUEST TO TRANSFER:

Signature of Player: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Coach Transferring From: _____

Approve

Disapprove

If current coach disapproves, enter written statement:

OFFICE USE ONLY:

Date Received: _____ Request Accepted: _____ Request Rejected: _____

League Registrar: _____ Date: _____