

Insert
Provincial
Logo



ATHLETE TRANSFER CLUB TO CLUB OUTSIDE A PROVINCE FORM
Shall be completed by Synchro Canada National Registrar Only

Swimmer Information

Athlete Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone #: _____ Birth Date: _____ CASSA #: _____

Transfer Details

Requesting Transfer from: _____
(Name of Club) *Telephone*

Address

Requesting Transfer to: _____
(Name of Club) *Telephone*

Address

Date of last Competitive Swim: _____
Reason for requesting transfer: _____

Swimmer's Signature _____ Parent's Signature (if under 18 yrs) _____

Authorization

For "Releasing Club" Use Only

This is to certify that _____ agrees with the transfer of
(Name of Releasing Club)

_____ to the _____.
(Name of Swimmer) *(Name of Transfer Club)*

_____ Name	_____ Title
_____ Signature	_____ Date
_____ National Official Registrar Signature	_____ Date