



U.S. Soccer Federation

International Clearance Request Form (ITC 5-11)

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name	First Name	Middle Initial
Mother's Maiden Name	First Name	Middle Initial
Father's Last Name	First Name	Middle Initial
Most Recent United States Address	City	State
E-mail Address	Primary Phone Number	
Birth Date	Gender Male / Female	
Month Day Year		
Country of Birth	Country of Citizenship	

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE
(This section **MUST** be completed or the application will **NOT** be processed)

Last Foreign Club Participated	State/Country	League
Date of Last Game	Professional/Amateur	
Month Day Year		
Club Wishing to Participate With	State/Country	League

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under a professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of Federation Internationale de Football Association.

Signature of Player	Date: Month Day Year
Signature of Parent or Guardian (Required for any player under the age of 18)	Date: Month Day Year

Please complete and submit this form along with supporting documentation by email or fax to:

Eastern Pennsylvania Youth Soccer
Attn: Sheila Molyneaux
smolyneaux@epysa.org
Fax: 610-238-9933