

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	Zip Code
E-mail Address	Primary Phone Number	
Birth Date Month Day Year	Gender Male / Female	
Country of Birth	Country of Citizenship	
B. REQUEST FOR INTERNATIONAL TRANSI (This section MUST be completed or the application and the section Participated) Last Foreign Club Participated		- League
Date of Last Game Month Day Year	r Professional/Amateur	
Club Wishing to Participate With	State/Country	League
	n to be correct. I also confirm that I am present mestic or foreign) and I am not under suspensi 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 by mail, e-mail or fax to:

Eastern Pennsylvania Youth Soccer

4070 Butler Pike, Suite 100
Plymouth Meeting, PA 19462
Phone: 610-238-9966
Fax: 610-238-9933

E-mail: BKleinert@epysa.org