



NMI Soccer Training Center, 4627 As Gonno Road, Koblerville
☒ PMB 338 P.O. Box 10001 Saipan, MP 96950
Telephone No.: (670) 235-0173 • Fax No.: (670) 233-6632 • Email at: gensec@nmifa.com

NMIFA RELEASE AND TRANSFER FORM

SECTION 1: TRANSFERRING PLAYER INFORMATION

Name:	NMIFA ID#:
Date of Birth:	Current Club:
Phone Number:	Division:
Email:	Age Group (if youth):

SECTION 2: TRANSFER REQUEST DETAILS

Reason for Transfer:	New Club:
	Division:
	Age Group (if youth):

SECTION 3: REQUIRED SIGNATURES

CURRENT CLUB REPRESENTATIVE APPROVAL	NEW CLUB REPRESENTATIVE ACKNOWLEDGEMENT
I, the undersigned representative of: <u>Current Club Name</u> , acknowledge the transfer request of: <u>Player Name</u> , and approve the release of this player.	I, the undersigned representative of: <u>New Club Name</u> , acknowledge the transfer request of: <u>Player Name</u> , and agree to accept this player.
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date:
TRANSFERRING PLAYER	PARENT/GUARDIAN OF PLAYER (IF MINOR)
Signature:	Signature:
Name:	Name:
Date:	Date:



NMI Soccer Training Center, 4627 As Gonno Road, Koblerville
☒ PMB 338 P.O. Box 10001 Saipan, MP 96950
Telephone No.: (670) 235-0173 • Fax No.: (670) 233-6632 • Email at: gensec@nmifa.com

NMIFA RELEASE AND TRANSFER FORM

SECTION 4: PAYMENT AND SUBMISSION

A non-refundable transfer fee of \$100 must accompany this form. All forms and payments must be submitted to the NMIFA office for processing.

Payment Received By:

Date Received:

Signature:

SECTION 5: TERMS AND CONDITIONS

- 1. The transfer is only permitted for players relocating to a new district for practice convenience.*
- 2. The form must be fully completed and accompanied by the appropriate fee.*
- 3. During the processing period (3-5 business days), the player cannot participate in matches or be listed on the roster.*
- 4. The maximum number of player transfers per club is 2 players per year.*
- 5. All decisions made by the NMIFA Players' Status Committee are final.*

NMIFA OFFICE USE ONLY

APPROVAL BY NMIFA PLAYERS' STATUS COMMITTEE:

☐ Approved

☐ Denied

Name:

Title:

Date:

Signature: