



**U.S. Soccer Federation
International Clearance Request Form
(ITC 5-11)**

Biographical Information (Type or Print clearly)

_____	_____	_____
Player's Last Name	First Name	M.I.
_____	_____	_____
Mother's Maiden Name	First Name	M.I.
_____	_____	_____
Father's Last Name	First Name	M.I.
_____	_____	_____
Current U.S. Address	City	State Zip
_____	()	_____
Email address	Primary Phone Number	
_____ / _____ / _____	Gender (must select one)	Male Female
Player's Date of Birth		
_____	_____	
Country of Birth	Country of Citizenship	

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: _____ / _____ / _____	Must select one:	Professional Amateur
Month Day Year		
_____	Michigan State Youth Soccer	
Club Wishing to Participate with	State Association	

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.

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

Please complete and submit this form along with supporting documentation by email to:
itc@michiganyouthsoccer.org

Michigan State Youth Soccer Association
Attn: ITC Player Registration
9401 General Drive, Suite 120
Plymouth MI 48170
michiganyouthsoccer.org