**BASEBALL COMMISSION  
PLAYER TRANSFER REQUEST FORM**

The following form is intended to assist WBSC Europe baseball member federations/associations in the process of allowing a player from one country to play for a club/national team in another country. This permission is only good for one calendar year with permission automatically expiring on December 31, of the year this form is signed.

**This request is based upon the player in question meeting the eligibility requirements of the national federations/associations involved.**

**PLAYER INFORMATION**

Player’s Last Name: First Name: Middle Name:

Mr. ☐ Ms. ☐

Is this your legal name? Yes ☐ No ☐

If not, what is your legal name?

Email address:

Country where player is legal resident:

Birth Date: Age: Sex M ☐ F ☐

Street Address:

City: State: ZIP Code:

Social Security: -

Home Phone No.: -

**COUNTRY PLAYER WANTS TO PLAY FOR:**

COUNTRY:

TEAM:

Other comments: -

Note: -

Signature Of Approval By Sending National Federation/Association DATE

Signature Of Approval By Receving National Federation/Association DATE

**Copies sent to:**

▪ WBSC-Europe ([baseball@wbsceurope.org](mailto:baseball@wbsceurope.org)) ▪ Athlete

▪ Sending Federation/Association ▪ Receiving Federation/Association Club Team