



New Hampshire Soccer Association
1600 Candia Road, Suite 3
Manchester, NH 03109
(O) 603.626.9686

Primary Team Declaration Form

Player's Name: _____

Player ID: _____

Primary Club: _____

Secondary Club: _____

I authorize that this player's membership be moved for the (i.e. 2019-2020) _____ season.

Player/Parent (if under 18) Signature: _____

Player/Parent (if under 18) Printed Name: _____

Player/Parent (if under 18) Phone: _____

Player/Parent (if under 18) Email: _____

Submitting this form:

To submit this form, please email this completed form to the State Registrar at NHAdmin@SoccerNH.org

NOTE: You should retain a copy of the email (in your sent folder) as proof of submittal.

