



CROFTS ESTATE AGENTS YOUTH FOOTBALL LEAGUE

FOR OFFICIAL USE ONLY

Date Transferred:

Season 20..... to 20.....

PLAYER TRANSFER FORM

This form must be returned to the League Registrar within seven days from the date of signing

Player's Name			
Current Team	F.C.		
Age Group	U	Division	
Wish to transfer to			
New Team	F.C.		
Age Group	U	Division	

Player's Signature			
Parent / Guardian Signature			
To be completed by current club			
I agree to the transfer of the above named player and have given the ID card to the new club. Failure to do so will incur a charge for reproducing			Yes / No
Current Club Secretary's Signature			

New Club Secretary's Signature			
Date of Signatures			

I am aware that players are only allowed to transfer between teams from 1st December until 31st December in any season.

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Season 20..... to 20.....

* Player's Name			
* Current Team	F.C.		
* Age Group	U	* Division	
* New Team	F.C.		
* Age Group	U	* Division	

** Club secretaries are requested to fill in these particulars in **BLOCK CAPITALS**.*

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Date Transferred:

Signed:

This form must be signed, completed and returned to the Registrations Secretary at least 7 days prior to playing