



SUSSEX DISABILITY FOOTBALL LEAGUE TRANSFER FORM 2016/2017

A: (This section to be completed by the Player wishing to transfer or if under 16 Player's Parent/Guardian)

Player's name: _____

Currently Registered for: _____ FC

Request permission from the Sussex Disability Football League to be transferred:

To: _____ FC

Signature of Player or Parent/Guardian if under-16 : _____ Date: _____

B: (This section to be completed by the Club the Player wishes to transfer TO)

I, the Secretary: _____ of: _____ FC

Seek the transfer of:

Name of Player: _____

To: _____ FC

Signature of Club Secretary: _____ Date: _____

C: (This section to be completed by the Club the Player wishes to transfer FROM)

I, the Secretary: _____ of: _____ FC

Consent to the transfer of:

Name of Player: _____

From: _____ FC

Signature of Club Secretary: _____ Date: _____

PLEASE NOTE:

- On receipt of this form the League Secretary will acknowledge that transfer has been granted or not granted.
- This form must be accompanied by a League Registration Form.
- The club the player wishes to be transferred to will be invoiced for the transfer fee.