

BARLA Standard Transfer Form

Please Complete in Block Capitals

Case No ~ _____

Decision ~ _____

Regional League Official ~ _____

Tele ~ _____

Name Of New Club ~ _____

Tele ~ _____

Secretary's Address ~ _____

_____ Postcode _____

I (Player's Name) ~ _____ Request to transfer to (State name of club)

_____ Age Group _____

And this is because _____

All my commitments have been made to my present club under BARLA rule 17e

Players Name ~ _____

Address ~ _____

Postcode _____ Date Of Birth ~ _____

Player's Signature _____ Parent/Guardian's Signature _____

Name Of Future Club _____

We accept this player into our club. Secretary's Signature _____

Please Print Name _____ Date _____

Present Club _____

Secretary's Address _____

Postcode _____ Age Group _____

The Player named above has for-filled all financial and other commitments to our club

Club Secretary's Signature _____

Print Please _____ Date _____

Representative _____ District Yes/No _____ Regional Yes/No _____

Please enclose player's ID Card and use reverse for any further information, and return to
Regional Playing League Transfer Secretary as soon as possible

Regional League Official's Signature _____ Date _____