

**WEST RIDING COUNTY
AMATEUR FOOTBALL LEAGUE**



**PLAYERS TRANSFER FORM
2016-2017**

Please enter ALL information in BLACK INK
and BLOCK CAPITAL'S

CAL 3

When the form is fully and correctly completed, it shall be forwarded to the League Registrations Secretary, accompanied by a TRANSFER FEE of £10-00, and a New CAL 1 Registration form.

To be completed by the PLAYER wishing a Transfer

I (Players Name) _____ Date of Birth _____

At present a registered player with _____ FC

Players Registration Number _____ FAN _____

Make application for the transfer of my Players Registration with the above League

TO _____ FC

Address of Player _____

Signature of
Player _____ Date ____/____/____

To be completed by the CLUB the player wishes to be transferred to.

We desire the transfer of the above named player

From _____ FC To _____ FC

Signed _____ Secretary _____ FC

Date ____/____/____

To be completed by the players present Club

I (Print Name) _____ On behalf of _____ FC

Agree to / Decline * the transfer of _____ to _____ FC

Signed _____ Secretary _____ FC

Date ____/____/____ * If transfer is declined a reason in writing must be attached

No player may play until such time as the League Registration Secretary has informed the Players NEW CLUB that the transfer has been completed. *(Incomplete Forms will be returned)*

Forms when fully completed shall be forwarded to the REGISTRATION SECRETARY.