



CHELTENHAM ASSOCIATION FOOTBALL LEAGUE

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PLAYER TRANSFER REQUEST FORM

Season 2019/20

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS.

TO BE COMPLETED STRICTLY IN ACCORDANCE WITH LEAGUE RULE 8(H)

SECTION 1

I, the undersigned, request to be transferred as a player in the Cheltenham Association Football League

to AFC, **FROM**AFC

PLAYERS SURNAME: _____

PLAYERS FIRST NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

DATE OF BIRTH: _____ FAN NUMBER: _____

INDIVIDUALS EMAIL ADDRESS: _____

(NOTE YOU MUST SUPPLY YOUR OWN PERSONAL EMAIL ADDRESS)

SIGNATURE OF PLAYER _____ DATE OF SIGNATURE _____

Players serving in any branch of HM Regular Forces must first obtain the consent of his Association Secretary before signing this form.

SECTION 2

CURRENT CLUB SECRETARY TO COMPLETE. CONFIRMATION OF TRANSFER WILL BE SENT BY EMAIL

We have no objection to the above-named players being transferred to:

_____ AFC

SIGNATURE _____ DATE OF SIGNATURE _____

HON SECRETARY _____ AFC

SECTION 3

NEW CLUB SECRETARY TO COMPLETE. CONFIRMATION OF TRANSFER WILL BE SENT BY EMAIL

We desire the above-named player to be transferred from:

_____ AFC

SIGNATURE _____ DATE OF SIGNATURE _____

HON SECRETARY _____ AFC

SECTION 4 - (FOR THE USE OF THE CHELTENHAM LEAGUE REGISTRATION SECRETARY ONLY)

Transfer Request Form Number:

Date available for New Club:

Old Registration Date:

New Registration Date:

Date Recorded in League Registration Records:

Date form received:ACTIVE FROM date on Full-Time: