

# CHELTENHAM ASSOCIATION FOOTBALL LEAGUE



*This Form MUST be completed in Block Capitals*

## PLAYER TRANSFER REQUEST FORM

*Season 2018-19*



### SECTION 1: *(To be completed by the Player requiring a Transfer – League Rule 8(H))*

To the Registration Secretary, Cheltenham Association Football League,

I, ....., am at present a registered player  
with ..... A.F.C. and I request to be transferred  
to ..... A.F.C.

Full Address:

.....  
.....

Postcode: ..... Date of Birth.....

Email Address: ..... *(required for confirmation of transfer)*

Signature: ..... Date: .....

*(Once fully completed, this form must be returned to the Registration Secretary along with a correctly completed Registration Form for the New Club in the name of the player detailed above)*

### SECTION 2: *(Current Club Secretary to Complete – Confirmation of transfer will be sent by email)*

We have no objection to the above named player being transferred to:

..... A.F.C.

Signature: ..... Date: .....

Hon. Sec: ..... A.F.C.

### SECTION 3: *(New Club Secretary to Complete – Confirmation of transfer will be sent by email)*

We desire the above named player's transfer from

..... A.F.C.

Signature: ..... Date: .....

Hon. Sec: ..... A.F.C.

### 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 Registraton. Date: .....

Date Recorded in League Registration Records :