



CHELTHENHAM ASSOCIATION
FOOTBALL LEAGUE

CHELTHENHAM ASSOCIATION FOOTBALL LEAGUE



CHELTHENHAM ASSOCIATION
FOOTBALL LEAGUE

PLAYER TRANSFER REQUEST FORM

Season 2022/23

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 in the Cheltenham Association Football League

toA.F.C, fromA.F.C

PLAYERS SURNAME: _____

PLAYERS FIRST NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

DATE OF BIRTH: _____ FAN NUMBER: _____

INDIVIDUALS EMAIL ADDRESS: _____
(Please note, every player must have an individual unique 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: _____

Personal Information is stored in accordance with our Data Protection Policy, which can be found on our website.

(FOR THE USE OF THE CHELTENHAM LEAGUE REGISTRATION SECRETARY ONLY)

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