



CAMBRIDGESHIRE FOOTBALL ASSOCIATION LIMITED



TRANSFER FORM

Please enter ALL information in INK and in BLOCK CAPITALS

To be completed by Player being transferred:

I (Player's name): _____ Date of Birth: _____

am at present a registered Player for: _____ FC

Registration Number:

and desire to be transferred to: _____ FC

Address of Player: _____ Date: _____

Signature of Player: _____

To be completed by Club which Player desires to transfer to:

I desire the transfer of the above named Player: _____

From: _____ FC to _____ FC

Signed: _____, Secretary _____ FC

To be completed by Player's present Club:

I (print name): _____ on behalf of: _____ FC

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

Signed: _____, Secretary _____ FC

*** if declined, a reason in writing must be attached**

N.B. No Player may play for a Club other than for which he is registered, until the form "Approval of Transfer" is duly completed and in the possession of the Secretary of the Club to which he is being transferred

APPROVAL OF TRANSFER

The Transfer of: _____

From: _____ FC to _____ FC

is hereby Approved / Declined

Registration Number:

Signed: _____, Competitions' Secretary, Cambs FA

N.B. A Transfer Form without a Player's Registration Number will not be accepted.

**Completed Forms are to be sent to:
The Competitions' Secretary**

Cambridgeshire Football Association Ltd Bridge Road Impington Cambridge CB24 9PH