



Underage
Inter Club Transfer

Name: _____

Address: _____

Date of Birth: _____

I wish to transfer from _____ to _____

Date of last Championship match with _____ was _____

Date of last competitive match with _____ was _____

Name of Competition _____ Date _____

Signature of Applicant _____ Date _____

Signature of Applicant's Parent/Guardian _____ Date _____

Signature of Approval of Current Club Secretary _____ Date _____

Signature of Approval of New Club Secretary _____ Date _____

Signature of Current County Secretary _____ Date _____

Signature of approval of new County Secretary _____ Date _____

(This transfer must be approved at a County Board meeting in your new county)

Transfer approved / refused _____

If refused, please state reason (s) _____

Signature of National /Provincial Secretary _____ Date _____