

Player Transfer Form



Please print in BLOCK LETTERS using blue ink

PLAYER REQUEST

I, _____, Registration Number _____;
Player Name BIPIN

wish to transfer from _____ to _____
Club Name Club Name

Male Gender

Female

Date of Birth

/ /

Player Signature

Signature

If the applicant is under the age of 18, the signature of a parent/guardian is required.

Name	Signature	Date
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TRANSFERRING CLUB AUTHORISATION *(to be completed by Secretary of the club the player is transferring from)*

On behalf of _____, I have no objection to the aforementioned transfer.
Club Name

Name	Signature	Date
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ACQUIRING CLUB REQUEST *(to be completed by Club Secretary)*

On behalf of _____, I request that Area Board _____
Club Name Name of Area Board

If no Area Board. Basketball Ireland sanction the aforementioned transfer.

Name	Signature	Date
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AREA BOARD ACKNOWLEDGEMENT *(to be completed by Area Board Secretary that the player had previously been registered with and forward to Basketball Ireland)*

On behalf of the _____ Area Board, I acknowledge that the board has
Area Board Name
sanctioned the aforementioned transfer.

Name	Signature	Date
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OFFICE USE ONLY

Transfer completed by/on:

Name	Signature	Date
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