

Player Transfer Form



Please print in BLOCK LETTERS using blue ink

PLAYER REQUEST

I, _____
Player Name

wish to transfer from _____
Club Name

to _____
Club Name

Gender

Male 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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ACQUIRING CLUB REQUEST *(to be completed by Club Secretary)*

On behalf of _____
Club Name

I request that Basketball Ireland sanction the aforementioned transfer.

Name	Signature	Date
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TRANSFERRING CLUB AUTHORISATION *(to be completed by Club Secretary)*

On behalf of _____
Club Name

I have no objection to the aforementioned transfer.

Name	Signature	Date
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AREA BOARD ACKNOWLEDGEMENT *(to be completed by Area Board Secretary)*

On behalf of the _____
Area Board Name

Area Board, I indicate that we are aware of the aforementioned transfer.

Name	Signature	Date
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OFFICE USE ONLY

Transfer completed by/on:

Name	Signature	Date
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