

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 |
|------|-----------|------|
|------|-----------|------|

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 |
|------|-----------|------|
|------|-----------|------|

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 |
|------|-----------|------|
|------|-----------|------|

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 |
|------|-----------|------|
|------|-----------|------|

OFFICE USE ONLY

Transfer completed by/on:

| Name | Signature | Date |
|------|-----------|------|
|------|-----------|------|