



Colchester & District Sunday League

www.colchestersundayleague.co.uk



Hon Registration Secretary: Mr Bob Warner, 59 Monkwick Avenue, Colchester, Essex, CO2 8NB

Telephone: 01206 542219 (up to 10.00pm)

PLAYER TRANSFER FORM

SECTION A

This section must be completed by the **PLAYER** wishing to transfer between clubs.

I _____ (full name in BLOCK LETTERS), born _____ (Date of Birth)

and residing at _____ (Full Address),

currently registered with _____ FC and having fulfilled all my obligations to them,

wish to transfer my registration to _____ FC

Signed: _____ (Player) Date: _____

SECTION B

This section to be completed by the **SECRETARY** of the **NEW CLUB**.

Name of New Club : _____ (BLOCK LETTERS)

Hon. Secretary : _____ (BLOCK LETTERS)

Signed : _____ (Secretary) Date : _____

SECTION C

Dear Sir / Madam : As you can see the above player requests a transfer. If your Club agrees to the transfer kindly fill in the declaration below and return the form to me in the course of the post. I enclose a stamped addressed envelope for this purpose.

This section to be completed by the **SECRETARY** of the **CURRENT CLUB** provided they are in agreement to release the player to sign for another team.

I, Hon. Secretary of _____ FC do hereby consent to the transfer of

_____ to _____ FC.

Signed : _____ (Secretary) Date : _____

SECTION D

To the Hon. Secretary of _____ FC, _____ ,

formerly registered with _____ FC has duly been transferred to your

Club and will be eligible to play on and after _____ .

R. Warner
Hon. Registration Secretary

Each completed player transfer form must be accompanied by the transfer fee of £5.00, plus a stamped addressed envelope for return of forms. Clubs failing to release a player under Section C must give a valid written explanation to both the Registration Secretary & the player concerned in writing **within three days** as per rule 8(l).

NEW CLUB : PLEASE RETAIN THIS FORM AS PROOF OF REGISTRATION