

PLAYER FAN No:

(If available, FAN to be completed by the Member Club, however do not delay sending form in to Registration Secretary)

ESSEX & SUFFOLK BORDER FOOTBALL LEAGUE

(Affiliated to the Essex County Football Association) Founded 1911

FORM OF TRANSFER

No: 1. THE PLAYER Please complete all details:

SURNAME OF PLAYER

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CHRISTIAN NAME(S) OF THE PLAYER

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DATE OF BIRTH

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ADDRESS:

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POSTCODE

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I, BEING A DULY REGISTERED PLAYER FOR: FOOTBALL CLUB
IN THE ABOVE COMPETITION, DESIRE TO BE TRANSFERRED TO THE: FOOTBALL CLUB

SIGNATURE OF PLAYER: DATE:

No: 2. CLUB TRANSFERRED TO:

I, (Name and Signature), CHAIRMAN / HONORARY SECRETARY OF THE:
..... FOOTBALL CLUB, ACTING ON BEHALF OF MY CLUB,
HEREBY REQUEST THE TRANSFER OF (FULL NAME). DATE:

No: 3. CLUB REGISTERED WITH:

I, (Name and Signature), CHAIRMAN / HONORARY SECRETARY ON BEHALF OF MY
CLUB, ASSENT TO THE TRANSFER OF: FROM THE
..... FOOTBALL CLUB, TO THE
..... FOOTBALL CLUB DATE:

ESSEX & SUFFOLK BORDER FOOTBALL LEAGUE

No: 4. COMPLETION OF TRANSFER

REGISTRATION SECRETARY TO COMPLETE TRANSFER ON "WGS" AND CONFIRM DATE WHEN ELIGIBLE TO PLAY

SIGNATURE OF REGISTRATION SECRETARY: DATE:

PLEASE FORWARD COMPLETED FORM TO HONORARY REGISTRATION SECRETARY BY FIRST CLASS POST (RULE 8)

NO COUNTERFOIL / RECEIPT WILL BE ISSUED.

PLEASE CHECK "WHOLE GAME SYSTEM" FOR ELIGIBILITY.

CLUBS ARE REMINDED THAT THEY HAVE THE RESPONSIBILITY TO CHECK PLAYER ELIGIBILITY FOR CUP FIXTURES.

Please note that any information entered on this form may be held on computer, but will only be used in the context of the Essex & Suffolk Border Football League (Issue 02/2017)