



MIDLAND FOOTBALL COMBINATION

NATIONAL LEAGUE SYSTEM – STEPS 6 & 7

PLAYER TRANSFER FORM



Season		Division	
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THE FOLLOWING PLAYER

AT PRESENT REGISTERED WITH **F.C.**

WISHES TO BE TRANSFERRED TO **F.C.**

THE FOLLOWING PEOPLE AGREE TO THIS TRANSFER

THE PLAYER (Print Players Name)

PLAYERS SIGNATURE DATE of BIRTH

ADDRESS POSTCODE

DATE of SIGNATURE

PRESENT CLUB **F.C.**

CLUB OFFICIAL (Print Full Name)

ADDRESS POSTCODE

SIGNATURE DATE of SIGNATURE

NEW CLUB **F.C.**

CLUB OFFICIAL (Print Full Name)

ADDRESS POSTCODE

SIGNATURE DATE of SIGNATURE

Please indicate if this Transfer Form was sent Facsimile, PDF, Scan or E-mail	If yes, State	DATE:-	TIME:-
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I certify that the above information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998.
FAILURE TO COMPLETE ANY PART OF THIS FORM MAY RESULT IN FINES BEING IMPOSED AS APPROPRIATE.

PLEASE NOTE: THIS PLAYER IS CUP TIED AS INDICATED BELOW
 THE LES JAMES CHALLENGE CUP / PRESIDENTS CUP / CHALLENGE VASE
 CHALLENGE URN / JACK MOULD TROPHY / CHALLENGE TROPHY / CHALLENGE BOWL