PLEASE COMPLETE IN BLOCK CAPITALS



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| --- | --- |
| PLAYER DETAILS | |
| Name of Player To Be Transferred: |  |
| FAN Number: |  |

|  |  |  |
| --- | --- | --- |
| TO BE COMPLETED BY NEW CLUB | | |
| Name of Club: |  | |
| Team Name: |  | |
| Age Group & Division: |  | |
| Manager: |  | |
| Do You Require An Invoice For The Transfer Of This Player? | |  |
| I Understand The 7 Day Clearance For This Player Commences AFTER The Transfer Fee Has Been Initiated. | |  |

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| TO BE COMPLETED BY SERVED CLUB | | |
| Name of Club: |  | |
| Team Name: |  | |
| Age Group & Division: |  | |
| Manager: |  | |
| Has This Player Featured In 2 Or More Games This Season? | |  |
| Is The Player Leaving The Club/Team In Debt Of Subs/Kit? | |  |
| Are You Happy To Release The Player Approving The Transfer Initiated By The Above Team? | |  |

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| --- | --- |
| TO BE COMPLETED BY PARENT | |
| I Wish For My Child’s Registration With Their Served Team To Be Cancelled. |  |
| I Wish For My Child To Be Registered With The Initiated Team For The Remainder Of This Season. |  |
| I Understand My Child Will Be Unable To Feature For Another Club Within The South Cheshire Youth League This Season. |  |
| I Understand Due To Rules Found Within FA SCORY My Child May Become Cup-Tied After This Transfer. |  |

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| LEAGUE USE ONLY | | | |
| **Outcome:** | **Payment:** | **Authorised By:** | **Available On:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVED MANAGER** | **INITIATED MANAGER** | **PLAYER**  **PARENT** | **LEAGUE**  **OFFICIAL** |
| **PRINT** | **PRINT** | **PRINT** | **PRINT** |

