



SOUTH CHESHIRE YOUTH LEAGUE PLAYER TRANSFER FORM



PLEASE COMPLETE IN BLOCK CAPITALS

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.	

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?	

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.	

LEAGUE USE ONLY

Outcome:	Payment:	Authorised By:	Available On:
SERVED MANAGER	INITIATED MANAGER	PLAYER PARENT	LEAGUE OFFICIAL
PRINT	PRINT	PRINT	PRINT

