

Player Transfer Form



Please print in BLOCK LETTERS using blue ink

PLAYER REQUEST

I, _____, Registration Number _____
Player Name BIPIN

Wish to transfer from _____ to _____
Club Name Club Name

Gender Male Female
Date of Birth

D	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature

If the applicant is under the age of 18, the signature of a parent/guardian is required.

Name	Signature	Date
------	-----------	------

TRANSFERRING CLUB AUTHORISATION (to be completed by Secretary of the club the player is transferring from)

On behalf of _____, I have no objection to the aforementioned transfer.
Club Name

Name	Signature	Date
------	-----------	------

ACQUIRING CLUB REQUEST (to be completed by Club Secretary)

On behalf of _____, I request that Area Board _____
Club Name Name of Area Board

If no area Board. Basketball Ireland sanctions the aforementioned transfer.

Name	Signature	Date
------	-----------	------

AREA BOARD ACKNOWLEDGEMENT (to be completed by Area Board Secretary that the player had previously been registered with and forward to Basketball Ireland)

On behalf of the _____ Area Board, I acknowledge that the board has
Area Board Name
Sanctioned the aforementioned transfer.

Name	Signature	Date
------	-----------	------

OFFICE USE ONLY

Transfer completed by/on:

Name	Signature	Date
------	-----------	------