

# 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

/   /

Player Signature

Signature

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

Name	Signature	Date
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## 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
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## 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 sanction the aforementioned transfer.

Name	Signature	Date
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## 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
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## OFFICE USE ONLY

Transfer completed by/on:

Name	Signature	Date
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