

MEDWAY NEWS YOUTH LEAGUE



TRANSFER FORM

ALL SECTIONS TO BE COMPLETED

NAME OF PLAYER _____
ADDRESS _____

PLAYER'S SIGNATURE _____

DATE OF BIRTH _____

PRESENT CLUB _____

AGE GROUP _____

SECRETARY'S NAME _____

SIGNATURE _____

NEW CLUB _____

AGE GROUP _____

SECRETARY'S NAME _____

SIGNATURE _____

ALL TRANSFERS ARE TO BE IN ACCORDANCE WITH CONSTITUTION RULES

TRANSFER *AGREED / DENIED* DATE _____

REGISTRATION SECRETARY _____

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