Macarthur District Soccer Football Association Inc.

TRANSFER

(TO BE FILLED OUT IN BLOCK LETTERS IN TRIPLICATE)

Approval is requested to **TRANSFER** the following player:

CLUB: _____ FFA NO: _____

SURNAME: _____ GIVEN NAME: _____

CLUB TRANSFERING FROM: _____

Present Grade: _____ Div: _____ Proposed Grade: _____ Div: _____

Number of players in present team: _____ Number of players in proposed team: _____

Reason for requesting the **TRANSFER**: _____

_____

_____

_____

Signature: _____

Name: _____

Title: _____

Date: _____

Include with this document the following: Player's Registration Card from present Club _____
Clearance letter from present Club _____

(Association Use Only)

- Approval: APPROVED / NOT APPROVED
- Signed: _____
- Date: / /
- LCC: _____
- Competition Facilitator: _____
- Office: _____
- Fee: Mini: $13.20 Junior: $22.00 Senior: $24.20
  (One fee if REGRADE and TRANSFER are requested at the same time)