

CLUB TRANSFER FORM

COMPLETED FORM TO BE EMAILED TO office@scottishhandball.com
ALL SECTIONS OF THE FORM ARE COMPULSORY

YOUR DETAILS Phone No. Name D.O.B **Email OLD CLUB DETAILS** Name of **OLD** Club (transferring from) League you played in Date of last game with this Club **NEW CLUB DETAILS** Name of **NEW** Club (transferring to) New Season Transfer Mid-Season Transfer League you will play in When should the transfer commence from? **Any Additional Notes**

Date:

Signed by New Club (President/Chair/Head Coach)

Print Your Name