

EAST SUSSEX FOOTBALL LEAGUE

SEASON: 2017 / 2018



TRANSFER REGISTRATION

Transfer me from:Football Club

Ref No

To:Football Club

Player's Name: (MUST BE BLOCK CAPITALS)

Player's Address:

..... (including postal town/village) Post Code:

Player's Signature: Date:

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998

This section to be completed by an Official of the club from which the player is transferring.

On behalf of..... Football Club I agree to the transfer.

Signed: (Club Official)

Print Name: Date:

This section to be completed by an Official of the player's new club

Signature: Print Name..... Date:

Note to Club: If this form is not fully and correctly completed, **in ink**, it will be returned unprocessed. Please check for accuracy before sending. Clubs will be invoiced during the season for the number of Transfer Forms submitted to the ESFL. All invoices MUST be paid within 14 days.

This section to be completed by ESFL

Transfer Date:

Registration Sec Signature

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