

BARLA Standard Transfer Form

PLEASE COMPLETE IN BLOCK CAPITALS

Regional League WEST RIDING LEAGUE ARL

New Club

Name of new club.....ARLFC Age Group.....

Secretary's signature..... Tele Number.....

We wish to register the player detailed above with our club Date

Player Details

I (players name).....

Address.....

.....Post Code.....

Request to transfer to.....ARLFC Age Group.....

Reason for transfer request.....

.....

Reason why you choose your new club.....

.....

All my commitments have been made to my present club under BARLA rule 17.9

Players signature.....

Parent or guardians signature (if under 18 years old).....

Present Club

Present Club.....ARLFC

I confirm that the player has fulfilled all financial obligations to his present club.

Secretary's name and address.....

.....Post Code

Secretary's signature..... Date.....

Representative Honours within last two season, including scholarship and Service Area Yes/ No

ID Card / Registration Number.....Please enclose players ID card and use reverse for any further information. Return to Regional Playing League Transfers Secretary ASAP.

Disciplinary suspensions still to serve (number of games).....

For official use only

Approved/ Not Approved Referred to Transfers Committee Yes/No

Transfers Secretary Signature..... Date.....