



METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

Player Transfer Form

THIS FORM MUST BE COMPLETED IN FULL: Please complete this form using neat block printing with a black or blue pen.

Player Name: _____

Date of Birth: _____

Player ID: _____

Address: _____

Postcode: _____

Home: _____

Mobile: _____

E-mail Address: _____

Club player wishes to transfer from: _____

League player wishes to transfer from: _____

Club player wishes to transfer to: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

MSJFL Use Only.

Transfer Approved: Yes/No

Entered in Database: Yes/No

Date: _____