



TRANSFER FORM

Completed form must be sent by club to Competition Manager.

First Name	Surname
<input type="text"/>	<input type="text"/>

Address
<input type="text"/>

Home Phone No.	Mobile Phone No.	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address
<input type="text"/>

I, whose name appears above, wish to apply for a transfer from (state name of club):	Which is affiliated with (state name of League or Association):
<input type="text"/>	<input type="text"/>

I last played with the above club in (state year in which last played):	I wish to play with (state name of club & competition):
<input type="text"/>	<input type="text"/>

Have you previously played with the club you are wishing to transfer to?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? <input type="text"/>

State Reason(s) for making this application:
<input style="height: 100px;" type="text"/>

I wish to advise that I have not been approached by any person associated with the club I wish to transfer to and it is my decision to play with a new club.

I declare that I am not a disqualified player with my previous club or League/Association and that the above information is true. I also understand that this application for a transfer is conditional upon being approved by my previous club or League/Association and duly endorsed by the Competition.

Signature of player

Signature of parent/guardian

Name of new club official

Signature of new club official

Position of new club official (MUST be President or Secretary)

____ / ____ / ____
Date

TRANSFERS CLOSE STRICTLY ON 30TH APRIL WITHIN THE SAME COMPETITION (IF APPLICABLE)

To be completed by AFL Queensland Juniors

Clearance Number

Signature

____ / ____ / ____
Date