COMMUNITY FOOTBALL PLAYER WITHDRAWAL OF TRANSFER FORM

UIDELINES

The Player's registered club must submit this form to its affiliated league when refusing the transfer within the six (6) clear business day timeframe.

SECTION ONE - To be completed (BLC	OCK LETTERS) and s	signed by the player:-
I, (Player's full name)		Date of Birth:/
Of (Address)	. (Suburb)	(State) (P/Code)
Wish to withdraw my application to tr	ransfer to the	Football Club
In the		Football League / Association.
And wish to <u>remain</u> a registered playe	er with the	Football Club
In the		Football League / Association.
Home Phone:	Work Phone:	
Mobile:	Email:	
-	ading information	ate: could result in immediate penalties
delegated representative) that the player On behalf of the football club, I delegated representative that the player	wishes to remain at:- eclare that the abo	signed by the club President / Secretary (or ove particulars are, to the best of my o any club that lodges a false Player
Name: (Please Print)		
Position: (President / Secretary)		
Signature:	Date:	