

Gravesend Hospital Challenge Cup Competition

Player Transfer Form

Player's Full Name

Address

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Name of Present Club

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I confirm that I have **not** played for my present club in this Competition during the current season and request a transfer to

I understand that I will not be eligible to play for my new club until three days after the transfer form has been lodged with the Registration Secretary.

Player's signature..... Date.....

I confirm that the above named player is free from all obligations to this club and I agree to his request for a transfer.

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

Club.....

I agree to accept the above named player as a member of this club.

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

Club.....

To be completed by the Registration Secretary

Gravesend Hospital Challenge Cup Competition

Player's name.....

Registration number.....

The above player has now been transferred to his new cluband is eligible to play from

Signed..... (Registration Sec) Date.....

A STAMPED ADDRESSED ENVELOPE MUST BE SENT WITH THIS FORM