



CENTRAL FOOTBALL ASSOCIATION

TFA Member

2021 PLAYER TRANSFER FORM (Can be

scanned an emailed to lsirjuesingh@cfatt.com)

1. SEASON	<input type="text" value="2022"/>	2. REGISTRATION NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. LAST NAME	<input type="text"/>			4. FIRST NAME	<input type="text"/>		
5. MIDDLE NAME	<input type="text"/>						
5. ADDRESS:	<input type="text"/>						
6. CLUB TRANSFERRING FROM	<input type="text"/>						
7. CLUB TRANSFERRING TO	<input type="text"/>						

PLAYER DECLARATION

To: General Secretary, INSERT CLUB NAME

In accordance with article 34 of the Central Football Association Constitution I, PLAYER'S NAME

wish to request a transfer DAY MONTH YEAR

PLAYER'S /PARENT/GUARDIAN SIGNATURE DAY MONTH YEAR

CLUB TRANSFERRING FROM

To: General Secretary, ASSOCIATION DAY MONTH YEAR

I, AUTHORIZED CLUB OFFICIAL NAME agree/do not agree to the Transfer of the abovementioned player.

State Reasons: _____

AUTHORIZED CLUB OFFICIAL SIGNATURE INSERT CLUB NAME

AUTHORIZED CLUB OFFICIAL POSITION AFFIX CLUB STAMP/SEAL

CLUB TRANSFERRING TO

I, AUTHORIZED CLUB OFFICIAL NAME Support the application for the Transfer of the abovementioned player.

State Reasons: _____

AUTHORIZED CLUB OFFICIAL SIGNATURE INSERT CLUB NAME

AUTHORIZED CLUB OFFICIAL POSITION AFFIX CLUB STAMP/SEAL