

**WEETABIX KETTERING & DISTRICT  
YOUTH FOOTBALL LEAGUE  
TRANSFER FORM SEASON 2009-2010**

**PLAYERS NAME:** .....

**ADDRESS:** .....

.....

**DATE OF BIRTH:** ...../...../.....

**PRESENT CLUB:** ..... **AGE GROUP:** .....

I CERTIFY THAT THE ABOVE NAMED PLAYER IS CLEAR ON MY CLUBS BOOKS AND IS  
FREE TO JOIN THE CLUB NAMED BELOW

**DATE SEVEN DAY NOTICE OF APPROACH RECEIVED ON:**

**DATE:** ...../...../.....

**SIGNED (CURRENT CLUB SECRETARY)** .....

**NEW CLUB:** ..... **AGE GROUP:** .....

I AGREE TO ACCEPT THE ABOVE NAMED PLAYER INTO OUR CLUB

**SIGNED NEW CLUB SECRETARY:** .....

**PLAYERS NAME SIGNATURE**

**(PLEASE PRINT NAME):** .....

**PARENTS NAME SIGNATURE:**

**(PLEASE PRINT NAME):** .....

REGISTRATION SECRETARY TO RECEIVE FULLY COMPLETED TRANSFER  
FORM, ACCOMPANIED BY THE PLAYERS CURRENT CERTIFICATE OF  
REGISTRATION. **(AS PER RULE 7E)**

A FEE OF £5 WILL BE INVOICED FOR EACH FORM REQUESTED FROM THE  
REGISTRATION SECRETARY

**DATE RECEIVED:** ...../...../.....

**SIGNED REGISTRATION SECRETARY:**

.....

**This form must be fully completed before it is returned to the relevant  
Registration Secretary**