



KORFBALL SA PLAYER TRANSFER FORM

This form is to be used for the proposed transfer of players between South Australian Clubs incorporating country to city transfers or vice versa.

This form once completed is to be emailed to secretary@sa.korfball.org.au

To be completed by player requesting transfer:

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ___/___/___ PHONE NUMBER: _____

ADDRESS: _____ P/CODE _____

CURRENT CLUB: _____ NEW CLUB: _____

SIGNATURE: _____ DATE: ___/___/___

Contact person of new Club to be advised of transfer status:

NAME: _____ CONTACT NUMBER: _____

To be completed by the President or authorised delegate of the current club within 7 days of receiving this form. Failure to return the form within 7 days will forfeit the current club's right to decline the transfer.

DOES PLAYER HAVE MONIES OUTSTANDING WITH YOUR CLUB? YES / NO

IF YES, STATE THE AMOUNT: \$_____ DATE FORM RECEIVED: ___/___/___

DOES PLAYER HAVE ANY OTHER POSSESSIONS OF THE CLUB? YES / NO

SIGNATURE: _____ POSITION: _____

COMMENTS: _____

_____ DATE: ___/___/___

FOR KORFBALL SA USE:

Date transfer form received by Korfball SA: ___/___/___ Transfer approved: YES / NO

Contact Person advised: YES / NO Date contact person advised: ___/___/___

Signed: _____ Date: ___/___/___