

PLAYER TRANSFER FORM

This form **MUST** be completed & sent to the SANFL Juniors – no registration form required.

| | | |
|----------------|------------------|---------------|
| First Name | Surname | |
| | | |
| Address | | |
| | | |
| Home Phone No. | Mobile Phone No. | Date of Birth |
| | | |
| Email address | | |
| | | |

| | |
|--|---|
| I, wish to apply for a transfer from (Club): | Which is affiliated with (League or Association): |
| | |
| I last played with the above Club in (state year in which last played): | I wish to play with (state name of SANFL Junior Club): |
| | |

Have you previously played with the Club you are wishing to transfer to?

| | | | |
|------------------------------|-----------------------------|--------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, what year? | |
|------------------------------|-----------------------------|--------------------|--|

State reason(s) for making this application:

I declare that I am not a disqualified player with my previous club or League/Association and that the above information is true. I also understand that this application for a transfer is conditional upon being approved by my previous club or League/Association and duly endorsed by the SANFL Juniors

Signature of player

Signature of parent/guardian

Name of club official

Signature of Club official

Position of club official

____ / ____ / ____
Date

Form to be completed and returned to
SANFL Juniors, PO Box 606 Tynte Street North Adelaide SA 5006 or
sanfljuniors@sanfl.com.au