Jersey Football Association

FEE £20 Transfers are permitted before the 31st December.



Player Transfer Form – JFA Combination League

	Player Information
Full Name:	Gender:
Address:	
Phone:	Email:
Date of Birth:	FA Number (FAN) if known:
	Transfer Information
Existing Club:	
Proposed New Clu	ub:
Reason For Transfe	er:
Do you owe your	present club any fees or dues? YES NO I
	Parental Information – Only complete if player is Under 18
This part of the for	m <u>must</u> be completed if the player is under 18 years old.
Parent's Name:	Date of Birth:
Email:	Phone:
Address:	
	Signatures
	equest that my JFA Combination League registration is transferred from the existing club to the lab, as named above.
Signature:	Date:
	vired if player is under 18): I hereby give permission for my child to transfer from the existing club to v club, as named above.
Signature:	Date:
NEW CLUB SECRET	ARY: I hereby confirm that our club has no objection to this transfer:
Signature:	Date:
EXISTING CLUB SEC	CRETARY: I hereby confirm that our club has no objection to this transfer:
Signature:	Date: