

Durham County FA U14's Saturday League

PLAYER TRANSFER FORM



TO BE COMPLETED BY THE PLAYER:

I declare that I wish to **transfer** from *(Team Name)*

As I now wish to register for *(Team Name)*
as a player in the Durham County U14's Saturday League for the 2017/2018 season.

Player's Full Name:

(In block capitals)

Address:

.....

Postcode:

Date of Birth:

Player's Signature

Affix Player
Photograph Here

TO BE COMPLETED BY THE TEAM/CLUB SECRETARY:

I declare that the above details are correct and wish the above mentioned player to be registered with the

Durham County U14's Saturday League as a player for *(Team Name)*

Secretary's Signature Date

TO BE COMPLETED BY THE PLAYER'S LEGAL GUARDIAN:

I give my permission for

to be registered with the Durham County U14's Saturday League as a player for *(Team Name)*

.....

Emergency Contact Number

Parent/Guardian's Signature Date

PLEASE EMAIL REGISTRATION FORM, **DIGITAL PHOTOGRAPH** AND **PROOF OF AGE** TO: MARK.SMITH@DURHAMFA.COM