

196 Chaldon Way
Coulsdon
Surrey
CR5 1DH

BRITISH
Korfball
ASSOCIATION



Tel: 01737 556083
Mob: 07973 738446
Email: anna.jeanes@korfball.co.uk

REQUEST FOR RELEASE FORM

Name of Player:

Current Registration Number:

Current Club:

Date of Request:

Name of New Club:

Proposed New Reg Number:

Current Club to complete the following:

..... (insert name of club) Korfball Club, agree to the transfer of the above named player from our club. There are NO financial obligations outstanding.

Signed

.....
Name of Officer signing

.....
Position of Officer signing

.....
Date of signing

Date BKA received signed form:

Transfer Agreed ? Y / N

Date Registration Officer Sent details of Approval

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NOTICE OF INTENDED TRANSFER FORM

Name of player:

Current Club:

Current Registration Number:

Club wishing to transfer to:

Date that Request for Release form given to current club:

Name of person at current club that Request for Release form given to:

Area Association informed of impending transfer? Y/N
(The Area is that which covers the club which the player wishes to transfer to.)

Date Area Association Informed:

New Registration Number (if Transfer is approved):

Will any of the player's details (address / phone number etc) change? Y / N

If the answer to the above question is YES, please give new details below.