**DERBY AREA NETBALL ASSOCIATION**

## REQUEST FOR TRANSFER FORM

THE TRANSFER WINDOW WILL OPERATE FROM 1st - 15th DECEMBER ONLY.

ALL TRANSFER REQUESTS MUST BE SUBMITTED TO DIV REP FOR APPROVAL ON AN INDIVIDUAL BASIS. ALL TRANSFERS ARE AT THE DISCRETION OF THE COMMITTEE

PLEASE COMPLETE THE FORM BELOW AND RETURN BY CLOSING DATE

**NAME OF PLAYER TO BE TRANSFERED**

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|  |

**FROM TEAM/ DIVISION**

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|  |

**TO TEAM/DIVISION**

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**REASON FOR TRANSFER**

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**NAME OF PERSON MAKING REQUEST …………………………………………..**

**I CONFRIM THAT THE PLAYER WISHES TO TRANSFER TEAM AND THAT THE CURRENT TEAM CAPTAIN/SECRETARY HAS AGREED WITH THIS REQUEST**

**Signed …………………………………………………**