

APPLICATION FOR TRANSFER

This form should be completed in full, signed by all parties concerned and submitted to Basketball England for consideration.

Basketball England, NSC, Gate 13, Etihad Campus, Rowsley Street, Manchester, M11 3FF TEL: 0114 284 1060 FAX: 0114 284 1061

Player Name:		Licence No:
Previous Club:		
Signed:	(Secretary)	Date:
New Club:		
Signed:	(Secretary)	Date:
Players Signature (Ove	r 18):	
Parent / Guardian Sigr (For players U18)	ature:	
• In all cases the ne	w club should be th	e last signature of the transfer form.
	•	ne player is required to re-license with the new fee and FIBA fee where applicable.
Conditions: Any conditions are sul	pject to approval by I	Basketball England.

Fransfer approved by	,	Date:
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FOR BE USE