



Southern Combination Football League

Player Transfer Form

2024-25



Part A – Player

Name of Player _____ Date of Birth _____

I am at present a Player with _____ FC

and desire the Transfer of my Registration to _____ FC

Status with New Club

*Non-Contract / Contract

Player’s Signature _____ Date _____

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the General Data Protection Regulation 2016/679.

Address _____

_____ Postcode _____

Part B - New Club

I desire the Transfer of the Registration of _____

From _____ FC to _____ FC

Signature of Club **Chairman / Secretary*** _____ Date _____

Address of Club Official _____

Part C – Previous Club

I Assent to the Transfer of the Registration of _____

From _____ FC to _____ FC

Signature of Club **Chairman / Secretary*** _____ Date _____

Address of Club Official _____