

Player Transfer Form



Please print in BLOCK LETTERS using blue ink

PLAYER REQUEST

I, _____, Registration Number _____; wish to transfer from
Player Name BIPIN
_____ to _____ onto the _____ team.
Transferring Club Name Acquiring Club Name Grade

Gender: Male ☐ Female ☐ Date of Birth

D	D
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M	M
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Y	Y	Y	Y
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Player Signature

Signature	Date
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If the applicant is under the age of 18, the signature of a parent/guardian is required.

Name	Signature	Date
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ACQUIRING CLUB REQUEST (Secretary or designee)

On behalf of _____, I request that Area Board _____,
Acquiring Club Name Name of Area Board
if no Area Board, NABC sanction the aforementioned transfer onto our _____ team.
Grade

Name	Signature	Date
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TRANSFERRING CLUB AUTHORISATION (Secretary or designee)

On behalf of _____, I have no objection to the aforementioned transfer.
Transferring Club Name

Name	Signature	Date
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AREA BOARD ACKNOWLEDGEMENT (To be completed by the Area Board Secretary or designee that the player had previously been registered with and forward to Basketball Ireland)

On behalf of _____, I acknowledge that the board has sanctioned the
Area Board Name
aforementioned transfer.

Tick if applicable:

Rule 5 (Inactive Player)

Rule 7 (U11 Non-Competitive Player)

<input type="checkbox"/>
<input type="checkbox"/>

Name	Signature	Date
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OFFICE USE ONLY

Transfer completed by/on:

Name	Signature	Date
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