

INTERNATIONAL TRANSFER

1) PLAYER								
Player:					Birth Date (DDM)	MYY):		
Phone:					E-mail:			
Signature:				Date:				
2) RECEIVING CLUB								
Name of the Club	:							
Address:								
Phone:					E-mail:			
Name (in print):					Function / Title:			
Signature:					Date:	***************************************		
3) GIVING CLUB								
Name of the Club	:							
Address:								
Phone:					E-mail:			
Name (in print):					Function / Title:			
Signature:				Date:				
<u>Decision</u>								
Permanent Transfe				Approved	/ Disapproved			
Limited Transfer:	or			Approved	/ Disapproved			
Period of Limited 7	ransfer	From:			To:			
Reasons if disappr	oved:							
4) NATIONAL ASSOCIATION OF THE GIVING CLUB								
National associa	tion of the g	jiving club):					
Arrival:					Decision:	Αŗ	proved	/ Disapproved
Reasons if disappr	oved:							
Signature:					Date:			
5) INTERNATIONAL STREET & BALL HOCKEY FEDERATION								
Arrival:					Decision:	Ap	proved	/ Disapproved
Reasons if disappr	oved:			,				
Fee paid (date):					Valid from:			
Signature:				Date:				