



INTERNATIONAL TRANSFER

1. Player

Player: _____ Phone / Fax: _____
Birth Date (DDMMYY): _____ e-mail: _____
Signature: _____ Date: _____

2. Receiving Club

Name of the Club: _____
Address: _____ Phone / Fax: _____
e-mail: _____
Signature: _____ Date: _____
Name (in print): _____ Function / Title: _____

3. Giving Club

Name of the Club: _____
Address: _____ Phone / Fax: _____
e-mail: _____
Signature: _____ Date: _____
Name (in print): _____ Function / Title: _____

Decision

Permanent Transfer: _____ Approved / Disapproved

or

Limited Transfer: _____ Approved / Disapproved

Period of Limited Transfer - From: _____ To: _____

Reasons if disapproved: _____

4. National association of the giving club

National association of the giving club: _____
Arrival: _____ Decision: _____ Approved / Disapproved
Signature: _____ Date: _____
Reasons if disapproved: _____

5. International Street & Ball Hockey Federation

Arrival: _____ Decision: _____ Approved / Disapproved
Reasons if disapproved: _____
Fee paid (date): _____ Valid from: _____
Signature: _____ Date: _____