



# INTRA-CLUB TRANSFER FORM

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**CLUB NAME:** \_\_\_\_\_

FIRST NAME (PLAYER): \_\_\_\_\_

SURNAME (PLAYER): \_\_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

## HEREBY APPLY FOR A TRANSFER:

FROM (TEAM): \_\_\_\_\_ (EG - ALL STARS B 12.1 AR)

TO (TEAM): \_\_\_\_\_ (EG - ALL STARS B 12.2 BR)

REASON FOR REQUEST:

## CLUB APPROVAL OF TRANSFER:

CLUB SECRETARY NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

Hereby consent to the transfer of the above named player, as per the details listed above.

CLUB SECRETARY SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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The following guidelines apply to all requests for transfers: Transfer forms must be lodged via email to [dean.andrews@knoxbasketball.com.au](mailto:dean.andrews@knoxbasketball.com.au) by 9am Thursday for it to be considered prior to the next round.

The Competition's Manager will advise the Club Secretary via email once the transfer has been completed.

**PLEASE NOTE: THIS FORM IS FOR PLAYERS TO MOVE BETWEEN TEAMS WITHIN THE SAME CLUB. THIS IS NOT A CLEARANCE FORM FROM ONE CLUB TO ANOTHER.**