



Application for Transfer

This form should be completed in full, signed by all parties concerned and submitted to Basketball England for consideration.

Basketball England, English Institute of Sport Sheffield, Coleridge Road, Sheffield, S9 5DA
TEL: 0114 284 1060 FAX: 0114 284 1061

Player Name: Licence No:

Previous Club:

Signed: Date:
(Secretary)

New Club:

Signed: Date:
(Secretary)

Players Signature (Over 18):

Parent / Guardian Signature:
(For players U18)

- ***In all cases the new club should be the last signature of the transfer form.***
- ***Once the transfer form is complete, the player is required to re-license with the new club, paying the relevant competition fee and FIBA fee where applicable.***

Conditions:

Any conditions are subject to approval by Basketball England.

FOR BE USE

Transfer approved by Date: