

TRANSFER APPLICATION

All details must be completed

PLATER TO	JOINIPLETE	(PLEASE USE BI	LOCK LETT	ERS)	
Player's Surname	(FAMILY NAME)	Christian Names	(ALL	'GIVEN' NAMES)	
Home Address		F	ostcode	Phone	
Registered with the	NEJTA YES NO	✓ Box Date of b	irth		
From Current Club		To New Club			
Anticipated date to	commence with NEW Clu	ıb			
In which Competition	on SINGLES 🗌 d	or DOUBLES	✓ Box	x	
Section/Ranking N	OW (OR LAST PLAYED)	Section/Ranking TO BE PLAYED			
Reason for transfer	r				
Signatures (or print names)	(Applicant)		(Applicant's Parent)		
	(Date)		(Date)	(Date)	
LOSING CLU	B TO COMPLETE				
The	Tennis	Tennis Club is in agreeance with, and approves of, the above			
Transfer Application to		Tennis Club			
Jun (Signature or print name)		ior Secretary		(Date)	
GAINING CLU	JB TO COMPLETE				
The adhere to the requi	Tennis irements as laid down in th			mentioned player and	
(Signatuı	Jւ re or print name)	unior Secretary	(Date)		
TO ASSOCIA	TION SECRETARY	ON COMPLET	<u>ION</u>		
Association Secret	ary	F	Received (Date)		
APPROVED 🗌	NOT APPROVED	Date		(Date)	
CLUBS ADVISED		Date			

NOVEMBER 2020 6-8 Transfer Application.DOC