



GCB

PLAYER TRANSFER FORM

SURNAME	
FORENAME(S)	
DATE OF BIRTH	
PLACE OF BIRTH	
WHEN DID YOUR CURRENT PERIOD OF RESIDENCY IN THE BAILIWICK OF GUERNSEY COMMENCE ?	
DD/MM/YYYY	/ /
ADDRESS (inc Postcode)	
Contact Details:	
Work Tel:	Mobile Tel:
Home Tel:	Email:
Club you wish to Register for	
Club you wish to transfer from	
Signed by the Player Date / /	
Signed by the OLD Club Secretary	Date / /
Signed by the NEW Club Secretary	Date / /
If the Club holding the existing registration has any objection to the transfer they should sign the form and note the objection on the reverse. The GCB will not accept the transfer as valid if the objection is reasonable unless the matter had been resolved to their satisfaction.	
Date received by REGISTRATIONS SECRETARY	/ /