



Colchester & District Youth Football League



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**President: Lt. Col. Peter Andrews O.B.E.**

## TRANSFER FORM TEB18/19

The First Part to Be Completed By Player Seeking Transfer

Players Name  agree to the cancellation of my  
Registration For  and wish to register as a  
Player For  I declare that I have discharged  
all my obligations including those of financial nature to

Signed:  I.D.NO: CY

Player's Address

Date:

NEW CLUB  Signature  SECRETARY DATE

The Second Part Is To Be Completed for Internal Transfers Only

The above player played for our club in the following Cup's during the current season  
(\*Please Delete As Appropriate)

Open Cup  \*YES / NO League Cup  \*YES / NO

Suffolk Cup  \*YES / NO Essex County Cup  \*YES / NO

**PLEASE RETURN OLD CARD**

**Please Stick/Tape Card Here**