

# Oxford Mail Youth Football League

## PLAYER TRANSFER FORM

Please send this form, together with the player's ID card and a stamped self-addressed envelope to;  
 Under 7-11 Mary Simmonds 140 Evans Lane Kidlington Oxford OX5 2JB  
 Under 12-15 Debbie Moore 30 Arlington Drive Marston Oxford OX3 0SJ  
 PLEASE ENCLOSE THE £10.00 TRANSFER FEE (cheque made payable to Oxford Boys League)

Player's name (please print)			
Date of Birth:		ID Card Number:	
Present Club		Age group:	Team:
New Club		Age group	Team
New Manager's Signature;			
LEAGUE USE ONLY			
Date received by league:		Date Current Club Contacted:	
Transfer agreed:		Referred to Management Committee:	
Date transferred:		Date eligible to play:	
Comments:			

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## Oxford Mail Youth Football League

LEAGUE USE ONLY			
This player has been transferred to:	Club	Age group	Team
Player:		ID Number:	
Date transferred:		Date eligible to play:	
Number of players registered with the team			

**IT IS THE MANAGER'S RESPONSIBILITY TO CHECK IF THIS PLAYER IS CUP TIED**

Registration Secretary Signature: