



Underage Inter County Transfer

(Only to be filled in when transferring to play county football.)

Name: _____

Address: _____

Date of Birth _____

I wish to transfer from _____ to _____

Date of last Championship match with _____ was _____

Date of last competitive match with _____ was _____

Home club: _____ County of home club _____

Name of Competition _____ Date _____

Signature of Applicant _____ Date _____

Signature of Applicant's Parent/Guardian _____ Date _____

Signature of County Secretary _____ Date _____

Signature of approval of new County Secretary _____ Date _____

This transfer must be approved at a County Board meeting in your new county

Transfer approved / refused _____

If refused, please state reason (s) _____

Signature of National /Provincial Secretary _____ Date _____