



# Colchester & District Youth Football League



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

## TRANSFER FORM TEB17/18

### 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**