



PLAYER TRANSFER FORM

This form Must be completed & Sent to SANFL Juniors sanfljuniors@sanfl.com.au No registration form required.

6.5.5 Transfer caps will apply: Maximum 4 (four) players into one age group in a year. Maximum 2 (two) players from one Club into an age group in a year. Maximum 6 (six) players from one Club over all age groups.

First Name:

Surname:

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FEMALE MALE NON-BINARY DIFFERENT IDENTITY PREFER NOT TO SAY

Address:

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Home Phone No:

Mobile Phone No:

Date of Birth:

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Email Address:

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I, wish to apply for a transfer from (Club):

Which is affiliated with (League or Association):

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I last played with the above Club in
(state year in which last played):

I wish to play with
(state name of SANFL Junior Club):

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Have you previously played with the Club you are wishing to transfer to?

Yes No if yes, what year?

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State reason(s) for making this application

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Age group playing for:

U8 U9 U10 U11 U12 U13 U14 U15B U16B U17.5B
 U8G U10G U12G U14G U16G U18G

I declare that I am not a disqualified player with my previous Club or League/Association and that the above information is true. I also understand that this application for a transfer is conditional upon being approved by my previous Club or League/Association and duly endorsed by the SANFL Juniors.

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Signature of Player

Signature of Parent/Guardian

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Name of Club Official

Signature of Club Official

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Position of Club Official

Date Signed

Form to be completed and returned to SANFL Juniors, sanfljuniors@sanfl.com.au

Please Note: All transfer applications will be reviewed by the SANFL Juniors Team and are subject to Rule 6.5. of the [SANFL Junior Competition Rules & Regulations](#).