

# ESSEX COUNTY WOMENS FOOTBALL LEAGUE

Transfer Form in accordance with Rule 8(h)

Season 20\_\_\_\_/20\_\_\_\_

I.....(Full name in Capitals)  
at present registered with.....L.F.C.  
desire to be transferred to.....L.F.C.  
I confirm that I **have/have not** been transferred before this season. (Delete as applicable)

Players Signature .....  
Date of Signing.....

I desire the transfer of.....  
from.....L.F.C. to.....L.F.C.

Hon. Secretary's Signature.....  
Name of Club.....L.F.C.  
Date of Signing.....

I confirm that.....has fulfilled  
all of her obligations with.....L.F.C.  
and assent to her transfer to.....L.F.C.

Hon. Secretary's Signature.....  
Name of Club.....L.F.C.  
Date of Signing.....

The transfer fee as laid down in Rule 8(h) must be sent with this completed form to the Hon.  
Registration Secretary, as no transfer will be registered until this fee has been paid.  
Please make cheques payable to **Essex County Women's Football League**  
(Below to be filled in by Hon. Registration Secretary only)

Registration Number.....Date of Transfer.....

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## ESSEX COUNTY WOMENS FOOTBALL LEAGUE

I confirm the transfer of.....Reg. No.....  
from.....L.F.C. to.....L.F.C.  
and she is eligible to play for her new club on and after.....  
This player **is/is not** Cup tied with her previous club and has played ..... matches

.....Hon. Registration Secretary