



COISTE CHONTAE CHILL DARA
FOIRM AISTRITHE
INTER CLUB TRANSFER FORM 2022

Please Return Form to:
Secretary.kildare@gaa.ie

PART 1 Transfer From Club:..... to Club.....

1. *Players Name..... Siniu:.....
Ainm as Gaeilge.....
2. *Players Full Address.....
.....
.....
3. Players email Address.....
4. *Players Contact Telephone Number:.....
5. *Date of Birth.....
6. *Date of Last Competitive Match:.....Grade:.....
7. *Reasons for Transfer:.....
.....
.....

Part II CONSENT OF CLUB TO WHICH PLAYER WISHES TO BE TRANSFERRED:

The Committee of Club have considered the above application and hereby consent to the application being processed:

Signithe _____ Runai. Date: _____

Part III RESPONSE OF CLUB WHICH PLAYER IS LEAVING

If the Transfer is agreed by club sign part A. If the transfer is refused by club sign part B

(A) The above transfer is **agreed** by: _____ Club

Signithe _____ Date: _____

(B) The above transfer is **refused** by _____ Club

Signithe _____ Date: _____

Reasons for refusal: _____

Please tick if you wish to receive a copy of our Privacy Statement

***Denotes Mandatory Field which must be filled in.**

Notes: 1. Transfer Applications must be submitted to the Co. Runai no later than **1st February 2022.**

2. Transfer Applications will be dealt with by CCC Cill Dara

3. If you have any queries regarding transfers please contact Kildare CCC Secretary at cccildara@hotmail.com.

4. **A TELEPHONE NUMBER IS MANDATORY.** Transfer applications **cannot be dealt with** unless a contact number is provided. Please note if the applicant is Under 18 a parent or guardian number may be submitted as an alternative contact.

5. The Clubs decision to grant or refuse the transfer application must be returned to the CCC Secretary **within 10 days of receipt.**

6. Part II of the form must be signed by the club you wish to join before submitting form for processing.