

APPLICATION FOR TRANSFER

(Foreign players with origin club from different country)



U21 FUTSAL ☐ MEN

SEASON (e.g. 2019/2020): /	
Family, First Name of player:	
ID Number ICSD: ☐ Yes ☐ No	if yes, Number:
Nationality:	European: ☐ Yes ☐ No
Nationality:	Non-European: ☐ Yes ☐ No
Consent / Approval of player to change club: (Signature of Player)	
Consent / Approval of country belonging to the player's passport: (Signature / Stamp National Federation)	
CONSENT / APPROVAL	
Origin club:	Destination /New club:
(Signature / Stamp origin club)	(Signature / Stamp destination club)
National Federation for the Origin club:	National Federation for the Destination club:
(Signature / Stamp National Federation from origin club)	(Signature / Stamp National Federation from destination club)

- This module and sends emails to recipient at the DCL Technical Director Futsal <u>futsal@deafchampionsleague.eu</u> and for getting to know the two federations National Federation Origin and National Federation Destination.
- DCL Futsal rules: http://www.deafchampionsleague.eu/rules/9-futsal
- No player shall be eligible to play for two or more futsal/football clubs at the same time in any one season.

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