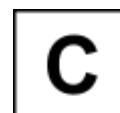




# APPLICATION FOR TRANSFER

(Foreign players with origin club from different country)



**FUTSAL**     MEN     WOMEN

SEASON (e.g. 2019/2020): \_ \_ \_ \_ / \_ \_ \_ \_

Family, First Name of player: \_\_\_\_\_

ID Number ICSD:  Yes  No    if yes, Number: \_\_\_\_\_

Nationality: \_\_\_\_\_    European:  Yes  No

**Consent / Approval of player  
to continue in the same club:**

\_\_\_\_\_  
(Signature of Player)

**Consent / Approval of country  
belonging to the player's passport:**

\_\_\_\_\_  
(Signature / Stamp National Federation)

## CONSENT / APPROVAL

**club:** .....

\_\_\_\_\_  
(Signature / Stamp club)

**National Federation for the Origin club:**

**National Federation for the Destination club:**

\_\_\_\_\_  
(Signature / Stamp National Federation for the club)

- This module and sends emails to recipient at the DCL Technical Director Futsal [futsal@deafchampionsleague.eu](mailto:futsal@deafchampionsleague.eu) 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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\_\_\_\_\_  
Approved by Technical Director