

APPLICATION FOR TRANSFER

(International clubs)



MEN

WOMEN

SEASON (2018/2019, 2019/2020, 2020/2021 ...): ____ / ____

Family, First Name of player: _____

ID Number ICSD: Yes No if yes, Number: _____

Date of Birth: __ / __ / ____ Place of birth: _____

Nationality: _____ European: Yes No

Origin club (country): _____

New / Destination club (country): _____

Consent / Approval of player to change club:

(Signature of Player)

CONSENT / APPROVAL

Origin club:

(Signature / Stamp origin club)

Destination /New club:

(Signature / Stamp destination club)

National Federation from Origin club:

(Signature / Stamp National Federation from origin club)

National Federation from destination club:

(Signature / Stamp National Federation from destination club)

- No player shall be eligible to play for two or more futsal clubs at the same time in any one season.
- DCL Futsal rules: <http://www.deafchampionsleague.eu/rules/9-futsal>

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