



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

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	
<p><u>Origin club:</u></p> <p>_____</p> <p align="center">(Signature / Stamp origin club)</p>	<p><u>Destination /New club:</u></p> <p>_____</p> <p align="center">(Signature / Stamp destination club)</p>
<p><u>National Federation for the Origin club:</u></p> <p>_____</p> <p align="center">(Signature / Stamp National Federation from origin club)</p>	<p><u>National Federation for the Destination club:</u></p> <p>_____</p> <p align="center">(Signature / Stamp National Federation from destination club)</p>

- This module and sends emails to recipient at the DCL Technical Director Futsal 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