

Hockey New Zealand

ASSOCIATION TO ASSOCIATION PLAYER TRANSFER FORM

NAME OF PLAYER TRANSFERRING _____

SIGNATURE OF THE PLAYER _____

NAME OF CLUB TRANSFERRING FROM _____

We hereby acknowledge that _____ is a financial club member and is free to transfer to any club of his/her choice.

Name (Club Secretary) _____

Signed (Club Secretary) _____

Date Signed _____

ASSOCIATION TRANSFERRING FROM _____

Name (Association Secretary/Chairperson) _____

Signed (Association Secretary/Chairperson) _____

Date Signed _____

NAME OF CLUB TRANSFERRING TO _____

Name (Club Secretary) _____

Signed (Club Secretary) _____

Date Signed _____

ASSOCIATION TRANSFERRING TO _____

Name (Association Secretary/Chairperson) _____

Signed (Association Secretary/Chairperson) _____

Date Signed _____

A copy of this form must be retained by both Associations and one copy must be forwarded to Hockey NZ to confirm the Transfer.