

- Please Tick
 Within Federation 6
 Inter Federation (from – 1 2 3 4 5 7)
 International (Country _____)



Mainland Football
P O Box 21122
Edgware
Christchurch
Phone: (03) 355 3595
Fax: (03) 355 4976
www.mainlandfootball.co.nz

TRANSFER/CLEARANCE REQUEST

If club to club transfer is within Mainland this form must be completed in full, it is the responsibility of the player named or their new club to go to the Secretary of the old club to have this form completed and signed. If Inter Federation or International clearance is required, player and new club fill in their respective parts only. On completion fax or forward to Mainland Football. Forms that are not fully completed may not be processed.

Player to complete

PLEASE PRINT CLEARLY

Player's Full Name: _____ M / F
(LAST NAME) (FIRST NAME)

Date of Birth: (DD/MM/YYYY) ____/____/____ Phone: (HOME) _____

Address: _____ Phone: (BUS) _____

_____ Phone: (MOB) _____

Country of Birth: _____ Email: _____

I wish to be cleared to play for the _____ Club for the 20____ Season. (New Club)

I declare that I last played for the _____ Club _____ City. (Old Club)

I consent to the collection of this information by the Club and Mainland Football for the purpose of a membership record and for them to retain, use and disclose the information as appropriate to NZ Football, SPARC, Funding agencies and Sponsors. I acknowledge my right to access and correct this information. This consent is given in accordance with The Privacy Act 1993.

Player's Signature: _____

New Club to Complete

PLEASE PRINT CLEARLY

New Club's Name _____

Is this player a Guest Player? Yes / No

(See NZ Football Reg 5.8 – applies to non-NZ citizens or non-permanent residents)

Signed _____ Date: ____/____/____
(Authorised Club Signatory)

Old Club or Federation to Complete

PLEASE PRINT CLEARLY

Clearance circle one: **Approved** / **Declined**

If declined, please state reasons:

Current No. of Yellow Cards: _____ Suspension to serve: _____

Signed _____ Date: ____/____/____
(Authorised Club or Federation Signatory)

WHEN COMPLETED, PLEASE FAX BACK TO MAINLAND FOOTBALL (03) 355 4976

MAINLAND FOOTBALL USE ONLY

Date Clearance requested: _____ Date reply received: _____

ID number: _____ New Club informed: _____

Entered in Database: _____

Signed on behalf of Mainland Football _____

No: 6 District Federation of New Zealand Football Incorporated;
Phone: +64-3-355 3595 Fax: +64-3-355 4976
English Park, 127 Cranford Street, P O Box 21122, Edgware, Christchurch, New Zealand.

www.mainlandfootball.co.nz