

**SUNSHINE COAST CHURCHES SOCCER ASSOC. INC**

**FORM 1 - PLAYER TRANSFER**

**Date:** .... / .... / 08

**Club** .....

To: **Administrator SCCSA Inc.**

P.O. 5844, Maroochydore BC 4558

Ph: 5491 4211 Email: [admin@sccsa.org.au](mailto:admin@sccsa.org.au)

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WE REQUEST A TRANSFER FOR:

.....  
(Player's name)

..... / ..... / .....  
(DOB)

Who was registered this season with:.....  
(Former Club)

TO: .....  
(New Club)

REASON FOR TRANSFER:.....  
.....  
.....  
.....  
.....

We confirm that the abovementioned player is a financial member of the SCCSA.

Please find enclosed Registration Card.

Signed: ..... Position: .....

Date: .....

Encl.