APPLICATION FOR TRANSFER

(Foreign players with origin club from different country)

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FOOTBALL ☐ 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	
Origin club: ……. _____ (Signature / Stamp origin club)	**Destination /New club:** …….. _____ (Signature / Stamp destination club)
National Federation for the Origin club: _____ (Signature / Stamp National Federation from origin club)	**National Federation for the Destination club:** _____ (Signature / Stamp National Federation from destination club)

- This module and sends emails to recipient at the DCL Technical Director Football football@deafchampionsleague.eu and for getting to know the two federations National Federation Origin and National Federation Destination.
- DCL Football rules: http://www.deafchampionsleague.eu/rules/8-football
- 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