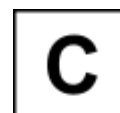




APPLICATION FOR TRANSFER

(Foreign players with origin club from different country)



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

**Consent / Approval of player
to continue in the same club:**

(Signature of Player)

**Consent / Approval of country
belonging to the player's passport:**

(Signature / Stamp National Federation)

CONSENT / APPROVAL

club:

(Signature / Stamp club)

National Federation for the Origin club:

National Federation for the Destination club:

(Signature / Stamp National Federation for the club)

- This module 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.

DCL IS SUPPORTED BY



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Approved by Technical Director