

PLAYER TRANSFER FORM

Any player who wishes to transfer their membership from one club to another must complete this form and gain approval from both clubs involved and the VACT office. It is the **Requesting Club's responsibility** to ensure this form is completed and returned to VACT. Once approved the transfer is effective immediately.

	Player's Name:	
Requesting Clu	b:	Current Club:
Requesting Club Representative		
I	, o	on behalf of the Requesting Club, seek the
release and tr	ansfer of the above player from	their current club.
Signed:		
Position:		Date:
Current Club Re	procontativo	
	, on behalf of the Current Club	
Approve [□ Dispute □	
the release and transfer of the above player		
Reason for Di	spute:	
Signed:		
Position:		
Volleyball ACT Representative		
[
Ι	, 0	n behalf of Volleyball ACT
Approve	Reject 🛛	
the release ar	nd transfer of the above player	
Signed:		
Position:		Date:
This form must be completed and returned to the Volleyball ACT office within 7 days of the request		