



BERMUDA FOOTBALL ASSOCIATION

P O Box HM 745

Hamilton HM CX

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The General Secretary
Bermuda Football Association
P.O. Box HM 745
Hamilton HM CX

YOUTH PLAYER TRANSFER CERTIFICATE

Any player wishing to transfer in the Under 18, Under 15, Under 13, Under 11, Under 9, and Under 7 Division must complete this form and submit it to the BFA.

I, _____, hereby request a transfer
(Player name – Please print)

from _____ to play for
(Club last played)

(New Club)

The said form must be signed by the parent/guardian of the above player.

Yours truly,

Player signature

Parents signature

Date: _____