



**SOUTH AUSTRALIAN AMATEUR SOCCER LEAGUE INC.**

**PLAYER TRANSFER FORM**  
*WITHIN SAASL (amateur->amateur)*

**PLAYER ID NUMBER:**

**SURNAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PLAYER SIGNATURE:** \_\_\_\_\_

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**CLUB TRANSFERRING FROM:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**POSITION IN CLUB:** \_\_\_\_\_

**CLUB TRANSFERRING TO:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**POSITION IN CLUB:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Lodged: \_\_\_\_\_ Processed by: \_\_\_\_\_

Comments:

\_\_\_\_\_