



COISTE CHONTAE CHILL DARA
FOIRM AISTRITHE
INTER CLUB TRANSFER FORM 2024

Please Return Form to:
Secretary.kildare@gaa.ie

PART 1 Transfer From Club:..... to Club.....

1. *Players Name..... Siniu:.....
Ainm as Gaeilge.....
2. *Players Full Address.....
.....
.....
3. Players email Address.....
4. *Players Contact Telephone Number:.....
5. *Date of Birth.....
6. *Date of Last Competitive Match:.....Grade:.....
7. *Reasons for Transfer:.....
.....
.....

Part II CONSENT OF CLUB TO WHICH PLAYER WISHES TO BE TRANSFERRED:

The Committee of Club have considered the above application and hereby consent to the application being processed:

Signithe _____ Runai. Date: _____

Part III RESPONSE OF CLUB WHICH PLAYER IS LEAVING

If the Transfer is agreed by club sign part A. If the transfer is refused by club sign part B

(A) The above transfer is **agreed** by: _____ Club

Signithe _____ Date: _____

(B) The above transfer is **refused** by _____ Club

Signithe _____ Date: _____

Reasons for refusal: _____

Please tick if you wish to receive a copy of our Privacy Statement

***Denotes Mandatory Field which must be filled in.**

Notes: 1. Transfer Applications must be submitted to the Co. Runai no later than **1st February 2024.**

2. Transfer Applications will be dealt with by CCC Cill Dara.

3. If you have any queries regarding transfers please contact Kildare CCC Secretary at ccc.kildare@gaa.ie

4. **A TELEPHONE NUMBER IS MANDATORY.** Transfer applications **cannot be dealt with** unless a contact number is provided. Please note if the applicant is Under 18 a parent or guardian number must be submitted as an alternative contact.

5. The Clubs decision to grant or refuse the transfer application must be returned to the Kildare GAA Secretary Christine Murray **within 10 days of receipt.**

6. Part II of the form must be signed by the club you wish to join before submitting form for processing.