



Overseas Transfer Form

THE GAELIC AND HURLING ASSOCIATION OF AUSTRALASIA Inc. (G.F.H.A.A.)

Player's Name (Block Letters): _____

Unique LGFA ID: _____

Current Address Australasia: _____

I wish to transfer from Club: _____ County: _____

To Club: _____ State: _____

Date of last Championship match with _____ was _____

Date of last Competitive match with _____ was _____

Name of Competition _____ Date _____

Signature of Applicant _____ Date _____

COMPLETION BY AUSTRALASIA

Signature of New Club Secretary _____ Date _____

Signature of State Secretary/Registrar _____ Date _____

Signature of Australasian Secretary _____ Date _____

Signature of Current Club Secretary _____ Date _____

Signature of Current County Secretary _____ Date _____

Transfer approved / refused _____

If refused, please state reason (s) _____

Signature of LGFA CEO: _____ Date _____