FORM R9 Transfer of an Amateur Player

Northern Ireland Boys Football Association





Fo: League Registration Secretary	Age Group PI	ayer ID Number	ZGOCIATII	\$\frac{1}{5}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Player's name in full (BLOCK LETTERS)			D.O.B.	
2. Player's address (BLOCK LETTERS)			Postco	ode
3. Email address				
4. Country of birth				
The following parties agree to transfer the reg (Club A) with effect from	FC to (Club B)			FC
Player's signature By signing this document I agree to abide by the Ru	ıles and Regulations G		of signing	rish Football Association.
7. Signature of accredited official (Club A)	Name (B	LOCK LETTERS)	Positio	n
Signature of accredited official (Club B)	Name (B	LOCK LETTERS)	Positio	n
I hereby consent to be registered as an amat	teur player by the		Football	Club
From 20 By signing this document I agree to abide by Association.	untiluntil the Rules and Regu	ations Governing	20 Registrations as laid	l down by the Irish Football
0. (This section MUST be completed for all pla hereby consent for my child to be registered v			of signing)	
Signature of Parent / Guardian	Name (B	LOCK LETTERS)	Date	
The details provided on this form will be used and stor Protection Act 1998 and will not be shared with any				

Protection Act 1998 and will not be shared with any other body or organisation without consent. Notwithstanding the above, information may be shared with anti-doping agencies and betting companies or any other disciplinary body solely for the investigation of disciplinary matters. Full details of the IFA CRM Portal Privacy Policy can be found at www.irishfa.com

FOR OFFICE USE ONLY						
RECEIVED BY	DATE RECEIVED	PROCESSED BY	DATE			