



Alberta Team Handball



11759 Groat Road Edmonton Alberta T5M 3K6 www.teamhandball.ab.ca handballalberta@gmail.com

CLUB TRANSFER REQUEST

Any player who is currently affiliated by another handball club must complete a transfer.

Name of player	Date of birth:
-----------------------	-----------------------

Name of receiving club:

Name of releasing club:

Name of releasing federation: Alberta Team Handball League/ Alberta Team Handball Federation
--

Date of last match for releasing club:

I confirm that the above details are both true and correct and request an Transfer.

SIGNED (PLAYER)

SIGNED (CLUB OFFICIAL)

PRINT NAME

DATE