



PLAYER TRANSFER FORM

Any player who wishes to transfer their membership from one club to another must complete this form and gain approval from both clubs involved and the VACT office. It is the **Requesting Club's responsibility** to ensure this form is completed and returned to VACT. Once approved the transfer is effective immediately.

Player's Name: _____

Players Signature: _____

Requesting Club: _____ Current Club: _____

Requesting Club Representative

I _____, on behalf of the Requesting Club, seek the release and transfer of the above player from their current club.

Signed: _____

Position: _____ Date: _____

Current Club Representative

I _____, on behalf of the Current Club

Approve Dispute

the release and transfer of the above player

Reason for Dispute: _____

Signed: _____

Position: _____ Date: _____

Volleyball ACT Representative

I _____, on behalf of Volleyball ACT

Approve Reject

the release and transfer of the above player

Signed: _____

Position: _____ Date: _____

This form must be completed and returned to the Volleyball ACT office within 7 days of the request