



## APPLICATION FOR CLUB TRANSFER

Horowhenua Kapiti Rugby Football Union  
P O Box 503  
LEVIN

Players Name:.....  
(First Name) (Surname).

Address:.....  
.....

Contact Number:..... Date:.....

I wish to apply for a transfer from the.....Rugby Football Club to the  
..... Rugby Football Club.

My reason for applying for a transfer is/are:.....  
.....

Grade and year last played:.....

### **Signatures:**

**Player:**.....

**Secretary of Previous Club:**..... Name:.....

**Secretary of New Club:**..... Name:.....

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**DEPARTING UNION TO COMPLETE**  
(if transferring to HKRFU from an outside club)

Chief Executive Officer.....

Signature.....

Dated.....

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**It is the responsibility of the new club to ensure the form is complete before it is sent to the HKRFU. Incomplete forms will be returned to clubs.**

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### **HKRFU TO COMPLETE**

Your application to transfer has been APPROVED/DECLINED.

Dated: .....

Signature of approving officer:..... Name:.....