**SECTION 1:** *Transferring Player*

Player Name: Contact Number:

Previous Club: New Club:

Signed: \_\_\_\_\_\_ Date: / /

**SECTION 2:** *Previous Club*

Player Name:

Signee Name: Position in Club:

Financially Viable Club Member: YES/NO

Signed: \_\_\_\_\_\_\_ Date: / /

* This completed form must be received by the BBO office in writing 24 hours prior to playing first game.
* These forms are the registering players’ responsibility.
* Above time frame is non-negotiable.
* Any non-registered players found playing will automatically forfeit that team’s game.
* **No form, no play!**

**Basketball Otago**

 **Telephone:456-4063**

**operations@otago.basketball**