# JAlbright:Documents:NZ Hockey:NZIHF:Logos:NZIHF Logos:NZIHF Logo.jpg

**New Zealand Ice Hockey Federation**

**REGIONAL ASSOCIATION TRANSFER FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Registration ID: |  |  | |  |  |  |  |  |  |  | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Surname (or Family name): |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | First Name(s): |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Residential Address: |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Contact Telephone No: |  |  | |  |  |  |  |  |  |  | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | *Association transferring from:* |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | *Association transferring to:* |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | **Declaration to be signed by two Officials of the Association the player is transferring to. We accept the above Conditions, if any, for the transfer of the above Player.** | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Signature:  (Association transferring to) |  |  | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | *Signature:*  (Association transferring to) |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | I, the above named Player, request the transfer as detailed above and hereby agree to abide by any conditions set down by the Regional Association. | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Signature of Player: |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | **Regional Transfer Approval given, subject to the Conditions listed hereunder:** | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Conditions Made: |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | **Transfer to be signed by the Association Registrar and any one of either the President, Vice President or Secretary.** | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Signature Ass. Registrar: |  |  | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Signature Ass. Official: |  |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | Date of Approval: |  |  | |  |  |  |  |  | 2 | 0 | 1 |  |  |  | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |

Once completed, please return completed form to the NZIHF General Secretary: jonathan.albright@nzicehockey.co.nz