

HertSquad Campus Football Semester A Transfer Form

Team Name:

The day we are playing in the competition is (please select):

- Monday (College Lane Campus, 19:00 - 21:00)
- Tuesday (College Lane Campus, 19:00 - 21:00)
- Wednesday (de Havilland Campus), 13:00 – 18:00
- Thursday (de Havilland Campus, 16:30 - 18:00)
- Sunday (College Lane Campus, 19:00 - 21:00)

Contact info: Lynne Pestle-Bass (Senior Sports Development Officer)
E: l.pestle-bass@herts.ac.uk
T: 01707 281176 / 07745 728 921
 or contact the HertSquad Office (de Havilland Campus)

Name	Student Number	Reason for Exiting the Team					
1. Player out							
2. Player out							
Name	Student Number	M/F	Contact Number	Email Address	I consent to HertSquad storing my data and contacting me with further information	Emergency Contact Name	Emergency Contact Number
1. Player in							
2. Player in							

Declaration: I (as captain or vice-captain) have informed the exiting players that they are no longer eligible to represent the named team and I am aware that only the above changes can be made until Friday 14 December 2018. The new players have read the rules and regulations, agree to abide by these guidelines and each player has also read and signed the 'adult players' section of The FA's Respect Code of Conduct.

Signed: _____ **Name:** _____ **Position:** _____ **Date:** _____