



St.Kitts Amateur Basketball Association

Transfer Request Form

- Player name: _____
- Current Club _____
- Intended Club _____
- League Year _____ Current Division _____ Intended Division _____

FOR CURRENT CLUB OFFICIALS ONLY

Any obligations with club ? (If Yes, state below)

i. _____

ii. _____

Transfer Accepted ? Yes

Name of Official _____ Position held in Club _____

Signature _____ Contact Tel # _____ Email _____ Fax _____

INTENDED CLUB OFFICIALS ONLY

Transfer Accepted ? Yes

Name of Official _____ Position held in Club _____

Signature _____ Contact Tel # _____ Email _____ Fax _____

FOR SKABA USE ONLY

Your request for transfer of the above mentioned name is Approved/ Not Approved for reasons stated below

Name of Official _____ Position Held _____

Signature _____