



HOME CLUB TRANSFER FORM

PLAYER	
NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
	<input type="text"/>
ZIP CODE:	<input type="text"/>
BIRTHDATE:	<input type="text"/>
NATIONALITY :	<input type="text"/>
LICENCE Nr.	<input type="text"/>

PRESENT HOME CLUB	<input type="text"/>
NEW HOME CLUB	<input type="text"/>

<p style="text-align: center;">PLAYER'S SIGNATURE</p> <p>_____</p> <p>DATE: ___ / ___ / ___</p>	<p style="text-align: center;">SIGNATURE AND STAMP OF THE NEW HOME CLUB</p>
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Please, return the form to: **Federação Portuguesa de Golfe**

Fax: (+351) 21 410 79 72 • Telef. (+351) 21 412 37 80

licencas@fpg.pt

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