# HertSquad Campus Football Transfer Form Semester B 2019-20

## 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), 14:00 - 16:00
- [ ] Thursday (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
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1. Player out |  |  
2. Player out |  |  
3. Player out |  |  

## Name | Student Number | Date of Birth | Contact Number | Email Address | I consent to HertSquad storing my data and contacting me with further information
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1. Player in |  |  |  |  |  
2. Player in |  |  |  |  |  
3. Player in |  |  |  |  |  

**Declaration:** I (as captain or vice-captain) have informed the exiting players above 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 27 March 2020. 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: ____________________________