COVENTRY NINE PIN SKITTLE LEAGUE REQUEST FOR PLAYER TRANSFER

Name:	Date of Request:	Name:	Date of Request:	
Requests to Transfer From:		Requests to Transfer From:		
То:		То:		
Signature of Current Team Captain:		Signature of Current Team Capta	Signature of Current Team Captain:	
I Agree to the above change Signature of New Team Captain:		I Agree to the above change Signature of New Team Captain:		
This request to reach the fixture secretary 14 days prior to playing in the new team. This request can be left in the score box.		This request to reach the fixture secretary 14 days prior to playing in the new team. This request can be left in the score box.		
COVENTRY NINE PIN SKITTLE LEAGUE REQUEST FOR PLAYER TRANSFER			COVENTRY NINE PIN SKITTLE LEAGUE REQUEST FOR PLAYER TRANSFER	
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COVENTRY NINE PIN SKITTLE LEAGUE

REQUEST FOR PLAYER TRANSFER

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