

**HOME COUNTIES A.B.A
TRANSFER FORM**

We kindly request the Transfer of the following Boxer:

Boxer's Details	New Club and Secretary's Details
Name:	Club Name:
Address:	Hon Sec:
Date of Birth:	Hon Sec Address:
M.E.3 No:	Tel:
Present Club:	Hon Sec Signature:

We Agree to the Transfer of this Boxer

Original Club's details and Agreement
Name of Boxer:
M.E.3 No:
Club:
Hon Sec:
Hon Sec Address:
Tel No:
Signature

The completed form together with the Boxer's ME3 must be sent to the Medical Registrar

Mel Corrigan
9 Colwell Road
Berinsfield
Oxon
OX10 7NS