

PLAYER DETAILS			
FULL NAME:			
CONTACT NO:		DATE OF BIRTH:	
EMAIL:			

CLEARANCE APPLICATION
<p>I have registered to become a member of the _____ Hockey Club.</p> <p>I therefore would like to hereby apply for a clearance to transfer FROM the _____ _____ Hockey Club/State Organisation.</p>

SIGNATURES	
	/ /
<i>SIGNATURE OF PLAYER</i>	<i>DATE</i>
_____ (Position)	/ /
<i>SIGNATURE OF OFFICE BEARER FROM FORMER CLUB</i>	<i>DATE</i>

1. Player or future club to complete form with Player's signature.
2. Form sent to former club/State Organisation for ratification that no fees or equipment owing.
Please refer to Hockey WA Affiliation By-Law 10 for player transfer/clearance details.
*Please note that the former club/State Organisation has 3 days to respond to the request.
If you need contact details for the former club/State Organisation, please contact Hockey WA on 9351 4300.*
3. Signed Form is forwarded via email to admin@hockeywa.org.au or fax to 9458 5524.

Office use only:	
Date Received: / /	Initial: