



PLAYER CLEARANCE FORM

PLAYER DETAILS							
FULL NAME:							
ADDRESS:							
		POSTCODE:	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
DATE OF BIRTH:		CONTACT NO.:					
EMAIL:							

CLEARANCE APPLICATION	
I hereby apply for a clearance FROM the _____ Hockey Club.	
to be a registered player of the _____ Hockey Club.	

	/ /
SIGNATURE OF APPLICANT	DATE

CLEARING CLUB	
The _____ Hockey club hereby grants / refuses* this clearance.	
* Reason for Refusal:	

		/ /
SIGNATURE OF CLUB EXECUTIVE MEMBER	POSITION	DATE

Please refer to Hockey WA Affiliation By-Law 12 for registrations/clearance details.

Forward via fax to 9458 5524 or email to admin@hockeywa.org.au

Office Use Only:		
Date Received: / /	Date Uploaded to Hockey Net: / /	Initial: