



# CLEARANCE FORM

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

CLEARANCE APPLICATION	
I hereby apply for a clearance FROM the _____ Hockey Club	
To be a registered member of the _____ Hockey Club.	
Signature of <u>new</u> club office bearer: _____ Date: ____/____/____	

	/ /
<i>SIGNATURE OF PLAYER</i>	<i>DATE</i>

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](mailto:admin@hockeywa.org.au)

Hockey WA will contact both clubs once the clearance has been applied in Sporting Pulse.

Office use only:					
Date Received:	/	/	Applied in Sporting Pulse:	/	/
			Initial:		