|  |  |  |
| --- | --- | --- |
| **club:** | **date:** |  |
|  | |  |

**Guest Player Category**

Please complete one category only.

Not to be used for player seeking an Interclub Clearance (Refer to form LWA7)

Please indicate **X** where applicable

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | International Player Awaiting Transfer Clearance |  |
|  |  | Interstate Player Awaiting Transfer Clearance |  |
|  |  | Visiting Player—Interstate |  |
|  |  | Senior Player (Over 17 As At January 1) |  |
|  |  | Junior Player (Under 17 As At January 1) | Date of Birth |

|  |  |  |  |
| --- | --- | --- | --- |
| Player’s Name |  |  |  |
| Date of First Game |  |  |  |
| Club Official Signature |  | Date |  |
|  | | |  |

**PLEASE NOTE:**

1. Guest player application is valid for three playing dates only.

2. Application must be received by the Lacrosse WA Office before the first match to be played by the Guest Player, together with the appropriate fee. (Refer to LWA Rule B4.4 and LWA Rules Appendix 1)

Office use only ACCEPTEDED OR REJECTED Date

*Please email copy to* [*executive@lacrossewa.com.au*](mailto:executive@lacrossewa.com.au)