



# LWA INTERCLUB TRANSFER APPLICATION

**DATE:**

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**PLAYER**

Player's Name

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Mobile:

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Email:

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I hereby apply for a clearance from:

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To:

---

Signed

Date

---

Signed

Date

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*(Parent/Guardian if under 18 years)*

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**CLEARING CLUB**

Club:

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APPROVE / REJECT this transfer application

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Signed

Date

---

Office Held

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**ACCEPTING CLUB**

Club:

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Hereby accepts this new member

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Signed

Date

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Office Held

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**LACROSSE WA**

This application was tabled at the Board Meeting

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and was ACCEPTED / REJECTED

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Signed

Date

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Office Held

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This transfer form must be signed by all parties concerned and submitted before 4pm on the Wednesday prior to the fixture in which the player wishes to play. Refer to LWA Bylaw G.6.3

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

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FORM: LWA7

Updated: Nov 2022

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