|  |  |  |
| --- | --- | --- |
| **date:**  |  |  |
| **Player** |  |
| Player’s Name  |  |  |  |
| Mobile:  |  |  |  |
| Email: |  |  |  |
|  |  |
| I hereby apply for a clearance from:  |  |  |  |
| To:  |  |  |  |
| Signed |  | Date |  |
| Signed |  | Date |  |
|  *(Parent/Guardian if under 18 years)* |  |  |  |

|  |  |
| --- | --- |
| **CLEARING CLUB** | **ACCEPTING CLUB** |
| Club:  | Club:  |
| APPROVE / REJECT this transfer application | Hereby accepts this new member |
| Signed | Signed |
| Date | Date |
| Office Held | Office Held |
| **LACROSSE WA** |  |
| This application was tabled at the Board Meeting  | and was ACCEPTED / REJECTED  |
| Signed | Date |
| Office Held |  |

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*