



## PLAYER CLEARANCE REQUEST FORM

(For players wishing to move clubs after the season has commenced)

PLAYER DETAILS			
<b>FULL NAME:</b>			
<b>CONTACT NO:</b>		<b>DATE OF BIRTH:</b>	
<b>EMAIL:</b>			

CLEARANCE APPLICATION
<p>I have registered to become a member of the _____ Hockey Club.</p> <p>I therefore would like to hereby apply for a clearance to transfer FROM the _____                      _____ Hockey Club.</p>

SIGNATURES	
	/ /
<i>SIGNATURE OF PLAYER</i>	<i>DATE</i>
_____ (Position)	/ /
<b><i>SIGNATURE OF OFFICE BEARER FROM FORMER CLUB</i></b>	<i>DATE</i>

1. Player or future club to complete form with Player’s signature.
2. Form sent to former club for ratification that no fees or equipment owing.  
 Please refer to Peel Hockey Affiliation By-Law 9.1 for player transfer/clearance details.

*Please note that the former club has 3 days to respond to the request. If you need contact details for the former club, please contact Sandy on 0488 953 555*

3. Signed Form is forwarded via email to [admin@peelhockey.com.au](mailto:admin@peelhockey.com.au) or handed into canteen.

OFFICE USE ONLY:      DATE RECEIVED:    /    /      Initial



Department of  
 Local Government, Sport  
 and Cultural Industries

