



Please refer to the *Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players* (pages 59 & 60)

<b>Name</b>	
<b>Registration/Membership Number</b>	
<b>Address</b>	
<b>Telephone/Fax</b> <i>(including home, work and mobile)</i>	
<b>Email</b>	
<b>Date of Birth</b>	

I hereby apply for a **Transfer from** the ..... Polocrosse Club within the ..... Zone

**For the following reasons:** .....

.....

I wish to play with and **Apply for** registration with the ..... Polocrosse Club within the ..... Zone

Are you presently under disqualification? .....

I hereby seek permission to play with the Club, subject to the application which I have made for a clearance to the Club being granted (if applicable) and subject to due compliance with the requirements of the association with which the Club is affiliated. I hereby acknowledge that I have read the *Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players (pages 59 & 60)* and agree that I am bound to those conditions. I also authorize the association in which I desire registration to advise my former association of this application. I DECLARE that the above particulars are, to the best of my knowledge, and belief, true and correct.

**Signature of Player**..... **Date**.....

*(If the Player has not attained the age of 18 years)*

Parent's / Guardian Signature .....

Signed (President/Secretary).....

**To be completed by the Club the player is transferring to**

The application for the above named Player is granted  refused

Signed (President/Secretary) ..... for ..... Polocrosse Club. Date.....

**To be completed by the Zone the player is transferring to**

The application for the above named Player is granted  refused

Signed (President/Secretary) ..... for ..... Polocrosse Club. Date.....

**To be completed by the Club the Player is transferring from**

The application for the above named Player is granted  refused

If refused state reasons.....

Signed (President/Secretary) ..... for ..... Polocrosse Club . Date.....

**To be completed by the Zone the player is transferring to**

The application for the above named Player is granted  refused

Signed (President/Secretary) ..... for ..... Polocrosse Club. Date.....

**Please note a Transfer Fee may apply – please check with the State Association**