

Polocrosse Association of Western Australia Inc (PAWA) Intrastate Transfer Form (within the state)

Please refer to the *Polocrosse Association of Australia Inc Polocrosse Rules - Transfer of Players* (rule 2, page 34)

NAME	
MEMBER NUMBER	
ADDRESS	
PH/MOB	
EMAIL	
DOB	

(Players grading, umpire and or coaching accreditation will be picked up from the National database)

I hereby apply for a transfer **from** the polocrosse club in the zone
..... **to** thepolocrosse club in the zone.

My reasons for requesting a transfer are:

.....

Are you presently under any disqualification?

I hereby seek permission to play with the polocrosse club, subject to the application, which I have made for a clearance being granted. I hereby acknowledge I have read the **Polocrosse Association of Australia Inc Polocrosse Rules - Transfer of Players** (rule 2, page 34), and agree I am bound by those conditions. I declare the above particulars are to the best of my knowledge, true and correct.

Signature of player: date.....

Parent / Guardian Signature:
(to be signed by one of the above if the player is under the age of 18 years)

Club transferring to....

Player	Granted Refused
Signed President/Secretary	Club Date

Club transferring from.....

Player	Granted Refused
Signed President/Secretary	Club Date

Signed State Chief Umpire