



## **CRAIGIEBURN BASKETBALL ASSOCIATION INC**

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### **APPLICATION FOR DOMESTIC CLUB CLEARANCE**

**DATE OF APPLICATION:** .....

I, ..... (Name in Block Letters)

Date of Birth: ..... Male / Female

Postal Address: .....

..... Post Code .....

Do hereby apply for a Clearance from ..... (Club)

To .....(Club)

Signature of Player .....

Approval of Parent / Guardian .....

Reason for movement:.....

.....

.....

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### **APPROVAL OF FORMER CLUB**

I, .....being the authorised signatory of

.....Club, consent to the clearance of the player

..... to .....Club.

Signed ..... Date: .....

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### **APPROVAL OF CLUB TRANSFERRING TO**

I, .....being the authorised signatory of

.....Club, consent to the registration of the player

..... to .....Club.

This player will be registered with the following team...

Team Name.....Age Group.....Current Grade.....

Signed ..... Date: .....

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Office Use Only:

Date Received: .....

Received by: .....