APPLICATION FOR **CLEARANCE / PERMIT

FROM ONE **DISTRICT &/OR **CLUB TO ANOTHER **DISTRICT &/OR **CLUB

(STRIKE OUT WORDING NOT APPLICABLE)**

A clearance must be obtained for all players who are currently registered with another Club AND/OR District other than the one you wish to play for in this current football season. Steps to take with this form are:

1. **Obtain this form from the club you wish to play with in the current season (NEW CLUB) & complete the required sections below.** **(All sections marked ** must be completed or form will not be processed).**
2. **Hand it back to the club, who will forward it on to the DISTRICT REGISTRAR BY E-MAIL, FAX, HAND OR MAIL. This will then be sent on by the DISTICT REGISTRAR to your old club for approval. (To speed up the process, a player can have this form signed by the old club prior to handing in to the new club).**
3. **Once returned, the District Registrar will notify your new club of the outcome.**
4. ***A PLAYER MAY NOT PLAY UNTIL ALL CLEARANCES / PERMITS ARE APPROVED.***

**** CLOSING DATE FOR ALL CLEARANCES / PERMITS IS ON 30TH JUNE IN THE CURRENT PLAYING SEASON.***

I, ____ **OF** ____
(PLAYER NAME) ***(CURRENT ADDRESS)***

Hereby apply for a ****CLEARANCE / **PERMIT** from ____ Football Club
(OLD CLUB)

(If not in this District please circle from which District) 1. Claremont 2. East Fremantle. 3. East Perth 4. Peel 5. Perth

6. South Fremantle 7. Subiaco 8. Swans 9. West Perth

To play with: ____ F.C. ****Date of Birth:** _______/________ /____________
(NEW CLUB)

My reasons for applying are: (Circle those that apply) 1. Moved House. 2. New School. 3. Not Happy at Old Club.

4. New Friends. 5. No Team in my age group. OR - 6. OTHER (Please State): ______________________________

Signed: ____ **Signed:** ____
(PLAYER) ***(PARENT/GUARDIAN)***

**DATE: _______/______/ 200___.

^^

The Committee / Registrar of the ____ Football Club
(OLD CLUB)

*****GRANTS / **REFUSES the **CLEARANCE / **PERMIT. DATE: ________________***
PLEASE SUPPLY No of GAMES PLAYED __________

IF REFUSED PLEASE STATE REASON: ____

CLUB OFFICIAL SIGNATURE: ____ (*President or Registrar or Secretary)*

SHARKS DISTRICT (INC) USE ONLY

REGISTRATION No. (WHEN APPLICABLE) _____________

Date received from Applicant or District or Club: __________________ BY: E-MAIL FAX SNAIL MAIL

Date forwarded to old District or Club: ________________________ BY: E-MAIL FAX SNAIL MAIL

Date returned: _________________________________ Result: _________________________________

Date Applicants NEW Club notified: _______________________

BY: E-MAIL FAX SNAIL MAIL from DISTRICT REGISTRAR: ________________

THE ATTACHMENT OF AN E-MAILED APPROVAL TO THIS DOCUMENT MAY TAKE THE PLACE OF APPROVAL SIGNATURES FROM CLUBS.

SHARKS DISTRICT CONTACT DETAILS 2007

REGISTRAR: Phil Elliott - Fax: 9547 6375 or E-mail: pellio@iinet.net.au