## **Player Transfer Form**

Section 1	PLAYER REQUEST	
1, of:		(Block letters please)
(address)		
Request to tra	ansfer;	
From: Team)		_ (Current Club /
То:		_ (New Club / Team)
Player Signat	ure:	Date:
Parent Signat	ure:	Date:
Section 2 1, of:	CLEARANCE APPROVAL (current club / team)	_ (Block letters please)
01.		(basketball club /
team)		(,
Certify that the declined	ne clearance of the above applicant has been (pleas	se circle) approved /
If declined, re	eason:	
Signed:		Date:
Position held manager)	(must be clu	b secretary or team

Section 3	BELLARINE P	ENINSULA BASKETBALL ASSO	CIATION CLEARANCE
Does this clea	rance comply	with current BPBA By-Laws?	Yes / No
Approved: Yes	s / No	Signed:	Date:
Notes:			

The player must keep a copy of this form completed and return original to BPBA

Bellarine Peninsula Basketball Association Inc.

PO Box 638 Drysdale, 3222 ABN 39 736 685 016