

Altona Bay Basketball Assoc. Inc.

PO BOX 273 ALTONA VIC 3018

"Home of the Altona Gators"

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Altona Bay Junior/Senior Transfer Application

From Club:	Club Signature:
To Club:	Club Signature:
Date Requested:	Players Name:
Phone No:	Night/Grade Playing in:

Juniors Only

Parent/Guardian Signature:	DOB:
<u>Are you a current Representative Player:</u> Yes/No	Age Group:
<u>Reason for Clearance:</u>	

<u>Altona Bay Junior/Senior Domestic Section</u>	
<input type="checkbox"/> <u>Approved</u>	Date Approved: ___/___/___
<input type="checkbox"/> <u>Not Approved</u>	

NOTE: This Certificate must be signed by the club Authorized Representative or if there is no club, the Coach of that team will be authorized to signed.