



WESTGATE BASKETBALL ASSOCIATION DOMESTIC PLAYER CLEARANCE FORM

SECTION 1 - PERSONAL DETAILS & PLAYER REQUEST

Name (Club Representative: Capitals please)

Address:

City:

Postcode:

Email:

Phone:

I wish to apply for a clearance (Player wishing to transfer clubs)

Name:

Date of Birth:

From: (Club)

To: (Club)

Applicants Signature:

Date:

SECTION 2 - CLEARANCE APPROVAL FROM CLUB

Name (Club Representative: Capitals please)

certify that the clearance of the above applicant has been:

approved

declined:

If declined then reason:

Signed:

Date:

Position:

ADDITIONAL NOTES

OFFICIAL USE ONLY

This form forwarded to (Club) _____ Date _____

To be completed and returned by (no later than) _____