

PLAYER CLEARANCE FORM

Type of Clearance:

- Match Clearance
- Tournament Clearance
- League Clearance

Validity:

From: ____ / ____ / ____ To: ____ / ____ / ____

For: _____

(insert full name of competition)

Player Details:

Surname: _____

First Name: _____

Gender: Male / Female

Current team / association: _____

Team / association with which player wishes to compete: _____

Authorisation

- This clearance must be authorised by a current member of your normal team / association's committee.
- For a Match Clearance authorisation by the team captain of your usual team is sufficient.

Clearance authorised by:

Name: _____

Position on Committee: _____

SIGNATURE: _____

Date: ____ / ____ / ____

Please send the completed form and the fee if applicable to:

QVA
Sportshouse, Suite 2.12
150 Caxton Street
MILTON QLD 4064
Fax: 3367 2853
Email: am@qva.org.au