

ROCKINGHAM BASKETBALL AND RECREATION ASSOCIATION PLAYER CLEARANCE FORM

SECTION 1 - PERSONAL DETAILS & PLAYER REQUEST	
l:	(Block letters please) of:
Postal Address:	
	Postcode:
Date of Birth: P	Player Registration # (Leave Blank if unknown):
I wish to apply for a player clearance:	
From:	(Club or team you are leaving)
To:	(Club or team you are moving to)
Applicants Signature:	Date:
SECTION 2 - CLEARANCE APPROVAL FROM	1 CLUB OR TEAM
l:	(Block letters please) of:
Club/ Team:	
Certify that the clearance of the above applicant has been: $\ \square$ Approved $\ \square$ Declined	
If declined, then reason:	
Signature:	Date:
Position:	(Position held within the Club or Team)
SECTION 3 - CLEARANCE APPROVAL FROM	1 RBRA
l:	(Block letters please)
of: Rockingham Basketball and Recreation Association	
Certify that the clearance of the above app	olicant has been confirmed:
Signature:	Date:
Position:	(Position held)