



Polocrosse Association of New South Wales Incorporated

ABN 15 216 280 967

PO Box 2314

BATHURST NSW 2795

Tel: 0407 207 649

Fax: (02) 9012 0398

Email: seo@nswpolocrosse.com.au

PLAYER TRANSFER REQUEST

This form is to be completed by the player requesting the transfer, and the form (together with fee) is to be lodged with the Club Secretary and then sent on to the State Secretary.

I, of Club,

Registration Number.....Player Category.....(Sen/Int/Jnr etc)

hereby apply for a transfer to the.....Club.

This transfer is requested in terms of the Polocrosse Association of Australia Inc "Register and Transfer of Players" Rules.

Transfer fee of \$22.00 (GST inclusive) is attached herewith.

Yours faithfully

.....
(Signature of applicant)

We consent to the above transfer

.....
(Transferor Club Secretary)

We accept the above transfer

.....
(Transferee Club Secretary)

Office Use Only

Received by State Secretary..... (Date) Relevant fee received (Date)

Effective date for transfer (Date)

Player advised (Date)

Transfer fee required/refunded (Date)