



ACT Gridiron Player Transfer From

Player Details

Full Name: _____ Date: __

Address: _____

Phone: _____ Email: __

Transfer Request

Transfer from: _____ To: __

Reason for transfer: _____

I understand that a transfer clearance is required from the club with which I was previously registered before being eligible for registration to play with the future club: YES NO

I understand that I am obliged to return all equipment including playbooks and have paid all outstanding fees before I am eligible for release from my current club: YES NO

I understand that no registration fees will be refunded by my current club: YES NO

Are you a contracted player of any club? YES NO

I declare that the above particulars are, to the best of my knowledge, and belief, true and correct. YES NO

Signature: _____ Date: _____

*If player is under the age of 18 – Parent/Guardian signature is required:

Signature: _____ Date: __

Club Details

Previous Club Details: _____

Full Name: _____ Position: _____

Club Details: _____ Phone: _____

I declare that the above particulars are, to the best of my knowledge, and belief, true and correct. YES NO

If no, why?: _____

Signature of Club: _____

Date: _____

Current Club Details:

Full Name: _____

Position: _____

Club Details: _____

Phone: _____

I approve the transfer of above player to become a member of this club.

YES

NO

If no, why?: _____

Signature of Club: _____

Date: _____

ACT Gridiron Committee

Company: **Australian Capital Territory Gridiron Inc Pty** _____

Name: _____

Address: _____

Position: _____

Do you approve the transfer request? YES

NO

If not, why?: _____

If this application is not successful you may apply for an appeal process.

Signature: _____

Date: _____