

LOWER GREAT SOUTHERN HOCKEY ASSOCIATION INC.
PO BOX 39, ALBANY WA 6331

CLEARANCE FORM

PLAYER'S FULL NAME: _____
(Surname) (Given Name's)

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (F) _____

CLUB CLEARING FROM: _____

CLUB GOING TO: _____

SIGNATURE CLEARING CLUB CONTACT PERSON: _____

PLAYER'S SIGNATURE: _____

DATE: _____

Email to secretary@lgshockey.asn.au

or Leave in: The scorer's hut
at the Hockey Turf