



Kilsyth and Mountain Districts Basketball Association Inc.

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KILSYTH VIC 3137

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PLAYER TRANSFER FORM

It is essential that this form is read and filled out **correctly**. Clearance will not be accepted unless all information is supplied. Enquiries should be directed to the respective Grade Secretary / Registrar or Committee Convenor.

DATE OF APPLICATION: _____

PLAYER NAME: _____

MEMBERSHIP NO: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE (H): _____

PHONE (B): _____

PLAYER SIGNATURE _____

NEW CLUB INFORMATION

CLUB	TEAM NAME / NUMBER	AGE GROUP / GRADE
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SIGNATURE OF SECRETARY FOR NEW CLUB:

(I hereby note the above player's transfer has been sighted by myself)

SIGNED: _____ **DATE:** _____ **TIME:** _____

CURRENT CLUB INFORMATION

CLUB	TEAM NAME / NUMBER	AGE GROUP / GRADE
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SIGNATURE OF SECRETARY FOR CURRENT CLUB:

(I hereby give authority for the above player's transfer to be accepted)

SIGNED: _____ **DATE:** _____ **TIME:** _____

For Association use Only

I hereby _____ (Approve / Refuse) the player _____
to be cleared

SIGNED: _____ **DATE:** _____ **TIME:** _____
(Registrar K&MDBA)

SIGNED: _____ **DATE:** _____ **TIME:** _____
(Convenor K&MDBA Junior Competition)