



Ice Hockey WA

APPLICATION FOR CLEARANCE

45 Rosebury Avenue
Alexander Heights WA 6064

ABN 43 408 149 325

To be filled out by club requesting clearance, then sent to WAIHA along with payment of \$25.00

Players Name: _____

Players Address: _____

_____ Postcode: _____

Date of Birth: ____/____/____ WAIHA Membership No: _____

Name of Current Registered Association/Club: _____

Name of Requested (new) Association/Club: _____

Reason for Requesting Clearance (optional): _____

(Signature of Applicant)

____/____/____
Date

Signature of Parent/Guardian if under 18

To be filled out by WAIHA

Date Submitted to Current Club: ____/____/____

To be filled out by the currently registered club

A committee meeting of _____ Ice Hockey Club was

held on ____/____/____ and the clearance request of the above applicant was

- granted
 refused for the following reason(s)

NOTE: This clearance will be automatic if not answered within twenty one (21) days of the date submitted to the current club.

Signature of Authorised Club Person: _____