



REQUEST FOR TRANSFER WITHIN QLD.

I (member's name) _____ request a transfer **from** the
_____ Polocrosse Club, **to** the
_____ Polocrosse Club due to

The reasons stated below:

New address details if applicable:

_____ P/C _____

Email _____ Tel _____ Mobile _____

Signed _____ Dated _____

This member is fully registered and clear of any financial debt to this club.

The _____ Polocrosse Club accepts this transfer.

Name _____ Signature _____ Dated _____
(office bearer of leaving Club)

The _____ Polocrosse Club accepts this transfer.

Name _____ Signature _____ Dated _____
(office bearer of accepting Club)

(Office Use Only)

Qld. Director of Umpiring

Yes

Transfer Effective from: ___/___/___

No Reason _____

Signed _____

NOTES:

This form must be FULLY COMPLETED AND SIGNED before lodging to the QPA. ALL transfers must be approved by the Qld Director of Umpiring BEFORE transferring. The QPA Executive reserves the right to approve / deny any transfer.

State Club Championships: If a nominated team (state or interstate) is found and considered to be a non genuine club team then that nomination will not, under any circumstances be accepted.

A player seeking a transfer within the season will be stood down for a 30 day period unless extenuating circumstances are approved by the State Umpire Committee appointed by the Director Of Umpiring