



VICTORIAN RACQUETBALL LEAGUE INC.

**BOX 6 MELBOURNE SPORTS & AQUATIC CENTRE,
AUGHTIE DRIVE, ALBERT PARK, VIC. 3206**

Phone: 9682 2199

Fax: 9682 2399

PLAYER TRANSFER FORM

NAME:.....

ADDRESS:.....

TELEPHONE NO: (H)..... (W).....

NAME OF PRESENT MEMBER CLUB:.....

PRESENT GRADE:

FUTURE MEMBER CLUB:

REASON FOR TRANSFER:.....

DATE SUBMITTED TO PRESENT MEMBER: / /

SIGNED:.....

CLEARANCE (TO BE COMPLETED BY PRESENT CLUB)

DATE OF CLEARANCE:..... / /

EXECUTIVE MEMBER OF PRESENT CLUB:

Name:.....

Signature:

Position Held

ADDRESS:.....

TELEPHONE:

IF NOT CLEARED, REASON FOR NON-APPROVAL OF TRANSFER:

.....
.....

EXECUTIVE MEMBER OF PRESENT CLUB:

(Signature)

DATE: / /