

Return Clearance Form to:
Kelly Applebee
Women's Club Administrator
Cricket Victoria
86 Jolimont Street
JOLIMONT 3002
OR FAX: 9653 1144



CLEARANCE APPLICATION FORM

This Section to be completed by the Player

FULL NAME: _____
ADDRESS: _____
_____ P/C: _____
TELEPHONE: _____ (AH) _____ (BH)
EMAIL: _____

I wish to apply for a clearance from:

PRESENT CLUB: _____
ASSOCIATION (if not VWCA) _____
PROPOSED CLUB (if known): _____
SIGNATURE OF PLAYER: _____ DATE: _____

This Section to be completed by the Present Club

PRESENT CLUB (please circle): **GRANTED** / **REFUSED**
Details required if refused: _____

SIGNATURE OF SECRETARY: _____ DATE: _____

This Section to be completed by the VWCA – Office Use Only

Application from present club is hereby granted / refused to
Name: _____
Signature of approving authority: _____
Printed name: _____ Date: _____
Office held: _____