



Club Clearance Application Form

For players transferring between clubs affiliated with Bowls ACT

Part A: Applicant Details	
Name:	
Street Address:	Suburb
Postcode State	
National ID Number:	
Club Transferring From:	
Club Transferring To:	
I hereby apply for a clearance to change clubs within Bowls ACT.	
Signed:	
Date: / /	
Part B – Club Granting Clearance to complete	
Clearance for the player above has been approved by the relevant a	uthority of
	(Club Name)
Authorised Officer	(Print Name)
Signed:	
Date: / /	
Part C – Club Accepting Transferring Member	
(Member Name) has be	een accented as a member of
	(Club Name)
Authorised Officer	
Signed:	
Date: / /	
Part D – Bowls ACT Approval	
This Clearance is approved by Bowls ACT	
Authorised Officer	(Print Name)
Signed:	
Date: / /	
Chifley Health and Wellbeing Centre	www.bowlsact.org.au
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@bowlsact	admin@bowlsact.org.a