



Coburg Basketball Association Inc.

Junior Domestic Clearance Form

Date / /

To the Secretary Basketball Club

Name of Player
FIRST NAMES SURNAME

Address Post Code

Hereby apply for a clearance to: Basketball Club

Reason(s) for the clearance is (are):

Player's signature _____

THE ABOVE NAMED HAS BEEN GRANTED / NOT GRANTED A CLEARANCE FROM

to

Player's signature _____

Club Position within the club

Endorsed by the clearance committee _____

Date / /