

West Australian Basketball League



Player Intention to Approach

(PLEASE PRINT)	R DETAILS					SECTION 1		
Last name: First:			Birth date):	Age:	Sex:		
			/	/			M	F
Street Address:	State:			Postcode:				
P.O Box:			State:			Postcode:		
Home phone no.	Mobi	le phone no.	Email add					
I WISH TO APPLY FOR PERMISSION TO APPROACH SECTION 2								
Current Association:								
New Association:								
Players Signature:	Date: / /		Parent/Guardian Signature:			Date: / /		
IMPORTANT INSTRUCTIONS								
1. It is the responsibility of the player to lodge this Permission to Approach form to the Basketball WA office.								
2. The player must retain a copy to provide when seeking to Approach a new Association.								
3. Current Associations must sign the form within fourteen (14) days.								
PERMISSION TO APPROACH FROM CURRENT ASSOCIATION SECTION 3								
Last Name:	First: Association					1:		
Certify that the Permission to Approach of above player has been: Approved:					ed:	Declined:		
If declined then reason:								
Signed:	Posit	ion Held:				Date:		
IMPORTANT INSTRUCTIONS								
1. The Permission to Approach form must be signed and returned to the player within 14 days of being presented.								
2. It is the responsibility of the new Association to ensure that this Permission to Approach form has been								
processed before they commence negotiations with or allow the player to train.								
TO BE COMPLETED BY THE BASKETBALL WA OFFICE ON								SECTION 4
Basketball WA Operations Manager						Date:	/	/
Basketball WA Administrator						Date:	/	/







WESTERN AUSTRALIAN BASKETBALL FEDERATION (INCORPORATED)

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