



**Lacrosse WA**  
Unit 115/396 Scarborough Beach Road, West Point Centre, Osborne Park WA 6017  
**Postal Address** PO Box 1633, Osborne Park WA 6916  
**Telephone** 08 9444 0008  
**Email** executive@lacrossewa.com.au **Website** www.lacrossewa.com.au

## INTERCLUB TRANSFER APPLICATION

LWA7

Date \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

I hereby apply for a clearance from \_\_\_\_\_ Lacrosse Club  
to \_\_\_\_\_ Lacrosse Club.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

### CLEARING CLUB

\_\_\_\_\_ Lacrosse Club

\*approve/reject this transfer application.

### ACCEPTING CLUB

\_\_\_\_\_ Lacrosse Club

hereby accepts this new member.

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE HELD \_\_\_\_\_

OFFICE HELD \_\_\_\_\_

### LACROSSE WA

This application was tabled at the Board Meeting \_\_\_\_\_ and was duly  
accepted/rejected.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE HELD \_\_\_\_\_

This transfer form must be signed by all parties concerned and submitted in triplicate before 4pm on the  
Wednesday prior to the fixture in which the player wishes to play. Refer to LWA Rule H4.

Please forward to:

Lacrosse WA PO Box 1633 Osborne Park WA 6916