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|  | | | | | | | **PLAYER TRAVEL APPROVAL**  **2021 PAID PLAYER DOCUMENTATION** | | | |
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| **REQUEST FOR PLAYER TRAVEL APPROVAL - FORM** | | | | | | | | | | |
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| **League:** | | |  | | | | | | | |
| **Club:** | | |  | | | | | | | |
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| *PLEASE NOTE:*  ***WACFL Bylaw 4.4 (d)***  *A player can qualify to receive a travel fee ($150 maximum) for matches in which the player travels greater than 500km (return) from their place of residence to attend. This payment must be approved by the League prior to payment, it must be recorded on the WACFL’s Paid Player Spreadsheet and written evidence of the League’s approval must be supplied upon request.* | | | | | | | | | | |
|  | | | | | | | | | | |
|  | **First Name** | | | | **Surname** | **Suburb/Town Currently Residing** | **League Approval** | | **Comment** | |
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| By submitting this form the club is agreeing to the following; | | | | | | | | | | |
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| 1) | | That the players place of residence is accurate and agrees to provide proof, through provision of a copy of the player’s driver’s license or other documentation confirming their place of residence. | | | | | | | | |
| 2) | | Is aware that providing false information could lead to sanctions imposed in line with the Paid player bylaws. | | | | | | | | |
| 3) | | To provide updated information to the league should a plyers place of residence change during the season. | | | | | | | | |
| 4) | | That ONLY players approved by the league are eligible to receive the player travel payment. | | | | | | | | |
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| Club Official: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
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| OFFICE USE | | | | | | | | | | |
| League Official: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
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