

# **SOUTH EAST METROPOLITAN SOFTBALL ASSOCIATION**

## **CLEARANCE FORM**

### **PLAYER:**

**PLAYER'S NAME:**.....

**ADDRESS:**.....

.....

**CURRENT CLUB:**.....

**CLUB TO WHICH TRANSFER IS REQUESTED:**.....

**REASONS FOR CLEARING (OPTIONAL)**.....

**DATE:**.....**PLAYERS SIGNATURE:**.....

**IF UNDER 12 – DATE OF BIRTH:**.....

**SIGNATURE OF PARENT OR GUARDIAN**.....

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### **S.E.M.S.A.**

**DATE OF RECEIPT**.....**SIGNATURE**.....

**THIS CLEARANCE WILL BE AUTOMATIC IF NOT ANSWERED WITHIN TWENTY ONE DAYS.**

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### **CLEARING CLUB**

**A MEETING OF** ..... **SOFTBALL CLUB WAS HELD ON** .....

**AND THE CLEARANCE REQUESTED BY THE ABOVE PLAYER WAS:**

**GRANTED**

**REFUSED ON THE FOLLOWING GROUNDS**.....

.....

**SIGNATURE OF AUTHORISED PERSON:**.....

**TITLE:**.....

**DATE:**.....