

NOTICE OF CLEARANCE AND TRANSFER BETWEEN CENTRES TO BE COMPLETED BY CURRENT CENTRE AND FORWARD TO GAINING CENTRE FOR APPROVAL.

When completed by Gaining centre please sent to LANSW office for GameDay adjustment.

DETAILS OF THE ATHLETE					
Surname				Given Name(s)	
Age Group	DOB	/	/	Boy/Girl	
Bib Number/s					
Reason for transfer request:					
				confirm I am the parent/guardian of the	
above athlete and request the	ir transfer	as belo	ow.		
Parent/Guardian					
Signature:				Date	
OLD CENTRE					
Centre Name					
confirm that the above-name	ed athlete i	s disch	narged	l of any liabilities to this Centre.	
Old Centre Registrar:					
		D	ate		_
NEW CENTRE					
Centre Name					
Date Registered /	/				
New Centre Registrar:					
		_			

Date