PLAYER TRANSFER APPLICATION for player transfers from 26th October to December 31st

Player Name:	DOB:	
Address:		Phone:
Previous Club:	New Club:	
Email Address:		
PLAYING DETAILS During the 2018/19 bowling season THIS SECTION MUST BE COMPL		
Singles		
Pairs		
Triples		
Fours		
Mixed Pairs		
Novice Singles		
By Signing this Application I ackr General Conditions rule 14.1 (i)		
Should you wish to apply to have	the transfer fee waived please	Indicate the reason:

Signature:	Date:
CREDIT CARD PAYMENT (or attached cheque to Bowl	s WA) BOWLS WA OFFICE USE ONLY
Customer Name:	
Credit Card Type(circle): Visa / Master Card	CEO Approved:
Credit Card Number:	
Expiry Date: CCV:	Console (IMG) ID:
Name as it appears on Credit Card:	
	Date Processed:
Signature:	
Date:	Receipt No:

Post to: Bowls WA, PO Box 123, Osborne Park, WA 6917, or email: enquiries@bowlswa.com.au



C:\Users\Operations\Bowls WA\Bowls WA Team Site - Documents\Administration\Office\Club Clearances\Player Transfer Fee (pre Dec 31st)