Player Permit Request

**All Permit applications must be emailed to** **secretary@hockeywarrnambool.org.au**

***No later than 5pm on the Wednesday prior to game day***

**REQUESTING CLUB CONTACT INFORMATION**

|  |
| --- |
| Club:       |
| Name of Club Official:       | Position at Club:       |
| Email:       | Phone:       |

**PERMIT APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Permit Applicant’s Name |       | DOB:       |
| Permit Applicant’s Current club  |       |
| Permit requested for Team |       | Match date:       |

**REASON FOR PERMIT APPLICATION – TICK ONE AND GIVE DETAILS/REASONS**

|  |  |
| --- | --- |
| [ ]  Play Lower Age Group (Jnr) |       |
| [ ]  Club Transfer |       TRANSFER REQUESTS MUST BE SIGNED BY THE PRESIDENT OR SECRETARY OF BOTH CLUBS PRIOR TO SUBMISSION |
| [ ]  Finals Exemption |       |
| [ ]  other |       |

Club Requesting the Player transfer or Permit

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club approving the transfer of the player

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE:**

|  |  |  |  |
| --- | --- | --- | --- |
| PERMIT APPLICATION: | Date Received: Time: | APPROVED: RULE: | DENIED: RULE: |
| Match Card Recording Requirements: | Permit number in the column next to the permit player’s name on the match card for the match for which the permit was approved |