BASEBALL SA - SABL Inc.
CLEARANCE FORM

Player/Non Playing Coach

Surname:_____ First Name(s):_____
(BLOCK LETTERS)
Address:_____ Post Code:_____

Date of Birth: / /19 Phone (h)_____Phone: (w)_____

Playing History

I have previously been registered with the following Club(s) during the past 4 years

CLUB	DIVISION	ASSOC/LEAGUE	SEASON

Request

I wish to apply for a clearance from:
Club:_____ State:_____

To:
Club:_____ State:_____

My reasons are as follows

_____
_____
(Please attach additional information if space insufficient)

I declare that the information on this form is true and correct.
Applicants Signature: Date / /
Parent/Guardian Signature
(if player is under18)

NEW CLUB
This applicant will be accepted as a member of the _____Baseball Club when Clearance approval is received.
Secretary: _____ _____Date / /
Printed name Signature

AGREED TRANSFER FEE: $.....

CURRENT CLUB
Clearance is GRANTED/REFUSED
Club:_____
Secretary:_____ _____Date: / /
Printed name Signature
Reason for refusal of clearance:

_____
_____
(Please attach additional information if space insufficient)

PERMIT: Name:_____ is hereby issued with a permit to play/coach with the _____Baseball Club, subject to the following Conditions (if any)_____

_____
_____
NOTE: A permit can be granted for a maximum of one season

BASEBALL SA OFFICE USE ONLY
Clearance confirmed / /
General Manager _____
F1832