



CROQUET SA
PLAYER CLEARANCE FORM

Name of player seeking Clearance: _____

ACA: Registration Number: _____

Club player is a full member of: _____

Alternate Club: _____

Competition: _____

Division: _____

Valid until (maximum 12 months): _____

Name and role of the committee member of the Club who is granting permission for clearance.

Name

Role in committee

Signature

Date

Prior to player playing in the named competition the completed form is to be sent to:

Golf Croquet Events Coordinator: gcevents@croquetsa.com.au