



CROQUET SA PLAYER CLEARANCE FORM

Name of player seeking Clearance: _____

ACA: Registration Number: _____

Club player is a full member of: _____ Club.

Clearance to play for: _____ Club.

Competition: _____

Division: _____

Valid until (maximum 12 months): / /

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

/ /
Date

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

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

Association Events Coordinator: acevents@croquetsa.com.au