



# 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@sacroquet.com.au](mailto:gcevents@sacroquet.com.au)

Association Events Coordinator: [acevents@sacroquetscom.au](mailto:acevents@sacroquetscom.au)