



South Western Metro Basketball Inc.
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CLUB TRANSFER FORM

(This needs to be sent to your current Club for player clearance, then the Club will onward the transfer to your chosen Club, then onto South Western Metro for processing).

FROM: CLUB _____ AGE GROUP _____

TO: CLUB _____ AGE GROUP _____

Dear Club President,

I, the parent/guardian of _____ (full name),
wish to obtain a clearance to transfer our son/daughter.

Parent's name:

Parent's signature: _____

Reason for transfer: _____

President's signature – Current Club: _____

President's signature – New Club: _____

Date: _____

OFFICE USE ONLY: Date received _____ Date actioned in SportsTG _____ Init. _____