

BQ PLAYER TRANSFER FORM

BQ – Logan Metro Sport & Event Centre, 357 Browns Plains Road, Crestmead, QLD, 4132

Ph- 07 2113 4835

email- competitions@basketballqld.net.au

Web- www.queensland.basketball/

To be used for (A). Player moving to a new Association within QLD. (B). Player moving to a new Association interstate. (C). Player moving from interstate into QLD. (D). Player wanting to transfer competition rights for Representative Basketball Competition ONLY.

SECTION 1 - PERSONAL DETAILS & PLAYER REQUEST		
l,	(Block letters please) of:	
	(Basketball Association)	
Postal Address:		
City:	Postcode:	
Email:		
Date of Birth: Na	tionality:	
State/Territory Rego No:		
From:	(Current Association & State)	
Contact details of Current Association	(Email) &	(Fax)
To:	(Future Association & State)	
Contact details of Future Association-	(Email) &	(Fax)
Applicants Signature:	Date:	
SECTION 2 – TRANSFER APPROVAL FROM CURRENT ASSOCIA	TION	
l,	(Block letters please) of:	
-	(Basketball Association)	
certify that the transfer of the above applicant has been	□ approved □ declined:	
If declined then reason:		
Signed:	Dated:	
Position:	(Position held within Association)	
SECTION 3 – TRANSFER APPROVAL FROM STATE/TERRITORY	ASSOCIATION	
l,	(Block letters please) of:	
	(State/Territory Association)	
certify that a transfer for the above applicant has been confirmed:	□ Yes □ No	
Signed:	Dated:	
Position:	(Position held)	

Instructions:

- 1. Section 1 to be completed by PLAYER, and then passed to CURRENT ASSOCIATION for approval.
- 2. CURRENT ASSOCIATION completes Section 2, and then passes form onto STATE/TERRITORY ASSOCIATION within 7 days.
- 3. STATE/TERRITORY ASSOCIATION completes Section 3, and then passes to FUTURE ASSOCIATION or PLAYER within 7 days.