

CABOOLTURE SPORTS SOFTBALL ASSOCIATION

INTER-CLUB TRANSFER

DOUBLE REGISTER

CROSS REGISTER

Member's Name

Address..... Postcode

being a member of the Club for CSSA hereby request:
TEAM / GRADE

.....
Signature of Member

INTER-CLUB TRANSFER

Wish to TRANSFER (INTER-CLUB) to the Club for CSSA
TEAM / GRADE
for the Winter Season.

We, the Club approve the members request
CLUB TRANSFERRING FROM

Signed: (Club Secretary) Date:

DOUBLE REGISTER (Refer CSSA Ground Rules)

Wish to DOUBLE REGISTER with the Club for CSSA
TEAM / GRADE
for the Winter Season.

We, the Club approve the members request

Signed: (Club Secretary) Date:

CROSS REGISTER (This ruling is for JUNIORS ONLY & a letter from Parent/Guardian to accompany this request Refer CSSA Ground Rules)

Wish to CROSS REGISTER to the Club for CSSA
TEAM / GRADE
for the Winter Season.

CLUB APPROVAL:.....
REGISTERED CLUB NAME SECRETARY SIGNATURE / DATE

CLUB APPROVAL:.....
CROSS REGISTERED - CLUB NAME SECRETARY SIGNATURE / DATE

PARENT/GUARDIAN SIGNATURE:..... Date:

CABOOLTURE SPORTS SOFTBALL ASSOCIATION, hereby approves the Members request as above:

..... Date:.....
(C.S.S.A. SECRETARY)

