



Dale Districts Men's Softball Association Inc.

Application for Clearance

Player's Name	
Address	
Date of Birth (if under 18)	
Name of Current Registered Club	
Name of Requested Registered Club	
Reason for Clearance request	
Signature/Date	
The above named player has been Granted/Refused** a clearance from: -	
	Club
Clearance refused on the following grounds: -	
Signed: -	Title: -
This clearance will be automatically granted if not answered within 21days of the DDMSA Registrar's signature	
Received by DDMSA Registrar	Date: -
Official Use Only	
Endorsed by Dale Districts Men's Softball Assoc Inc	
Registrar Signature:-	
Date:-	

NB. No Fees are applicable to this form