

TRANSFER OF PLAYER REGISTRATION FORM (FORM 3)



USE ONLY FOR THOSE PLAYERS WHO ARE TRANSFERRING FROM ONE CLUB TO ANOTHER, INCLUDING INTERSTATE

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK CAPITALS

CLUB YOU ARE JOINING: _____

PREVIOUS CLUB: _____ **ACA ID No.** _____

Are you currently a financial ACA player? Yes No

FAMILY NAME: _____

GIVEN NAME/S: _____

STREET ADDRESS: _____

QLD TOWN/CITY: _____ POSTCODE: _____

CONTACT PHONE NOS: _____

EMAIL ADDRESS: _____

YEAR OF BIRTH: _____ Female Male Under 21

I AGREE TO ABIDE BY THE ASSOCIATION'S CODE OF CONDUCT

Player / Guardian Signature: _____ Date: ____/____/____

CLUB SECRETARY TO COMPLETE:

Capitation fee paid \$ _____ Payment Method:
either **Electronic Funds Transfer (EFT)** to CAQ's bank account

or **CHEQUE ENCLOSED: YES/NO** Cheque NO.: _____

CLUB SECRETARY'S SIGNATURE
_____ Date: ____/____/____

CLUB SECRETARY TO NOTE

- Retain a photocopy for your club files.
- Keep emergency contact details for this player at your club.
- CAQ will not provide personal information to other sources, except for statistical purposes.

OCCUPATION (Optional)

(If retired please state previous occupation)

DISCIPLINE PLAYED with current Handicap, if available (please tick)

- Association Croquet
- Gateball
- Golf Croquet
- Ricochet

CAQ OFFICE USE ONLY

Date Money Received	
Amount Received	
Date Form Received	
CAQ Treasurer	
Date Forwarded	

CAQ REGISTRATION OFFICER NOTES

ACA ID Number

Player to Archives

Card Posted Date _____