

DELISTING PLAYER FORM (FORM 6)



USE ONLY FOR PLAYERS WHO HAVE RESIGNED AND FOR THOSE WHOSE MEMBERSHIP HAS LAPSED FOR MORE THAN 60 DAYS

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK CAPITALS

PRIMARY CLUB: _____ **Nat ID No:** _____

FULL NAME: _____

Female Male Under 21

DATE LEAVING: ____/____/____

Signature – Club Secretary: _____

REASON FOR DELISTING (Please tick box below)

- | | |
|---|---|
| <input type="checkbox"/> Age (retiring) | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Travelling | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Moving Residence | <input type="checkbox"/> Membership lapsed past 60 days |
| <input type="checkbox"/> Non-Renewal Membership | <input type="checkbox"/> Unspecified |
| <input type="checkbox"/> Other | |

SIGNATURES

(2 to sign) Club Secretary: _____

Club Treasurer: _____

Player Resigning (if applicable): _____

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.

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 _____