

# TEMPORARY PLAYER REGISTRATION FORM (FORM 4)



USE ONLY FOR THOSE PLAYERS FROM INTERSTATE WHO ARE TRANSFERRING ON A TEMPORARY BASIS

**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: \_\_\_\_\_

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 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

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Player to Archives

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Card Posted  Date \_\_\_\_\_