



Southern Districts Soccer Football Association Inc.  
A.B.N. 14 955 153 767

# Clearance Transfer Form

The Club \_\_\_\_\_ grants a free clearance to

Name \_\_\_\_\_.

Address \_\_\_\_\_.

Having a birth date of \_\_\_\_\_ and the FFA number of \_\_\_\_\_.

Registered on the \_\_\_\_\_.

The Club and player /non player /manager / coach acknowledge they have no financial claims on each other.

\_\_\_\_\_  
Signature of releasing Club Secretary

\_\_\_\_\_  
Signature of Player or Guardian.

Dated: \_\_\_\_\_.

**Before any Clearance or Transfer can be actioned this form is to be completed and signed by the Club Secretary from which the player is transferring FROM. In completing this form you are clearing the player of any debit to your Club, including equipment. Once completed, before handing form over insure that transferring player or guardian (if player under 18 years of age) has signed.**

**This form along with player's ID card is to be presented to Southern Districts Soccer Football Association Inc. Office Administration for Board approval.**

Approved by SDSFA Board of Directors: \_\_\_\_\_

Date: \_\_\_\_\_.

**SDSFA Board of Directors.**