



# 2025 Super League Series



## Transfer Request Form

Conditions of Entry available from:

[2025 SLS Conditions of Entry.pdf](#)

### Request Details

Name of player Requesting Transfer	
Current Affiliate (Transferring From)	
New Affiliate (Transferring To)	
Division: Mens, Womens, Mixed	
Home Address	
Contact Number	
Contact Email	
Please provide detailed reasoning below as to why you are applying for the transfer	

**I have represented the following teams or squads since March 2020 (tick relevant items):**

State Champs/Super League Open or Equivalent Team (WA, NT, SA, Vic, ACT, Tas)	
International (not AUS/NZ) Junior/Senior Team	
Western Tigers Senior Team.	
Western Tigers National Youth Championships Team.	
NTL Senior or Equivalent (interstate permit).	
National Youth Championships Western Tigers Team.	
International (not AUS/NZ) Open Squad	
International (AUS/NZ) Senior Team	
State Open Squad Outside WA in one of SA, NT, VIC, TAS or ACT.	
NSW/QLD Region or State Youth Representative Team.	
State Champs/Super League Open or Equivalent (QLD, NSW)	
Western Tigers Open Team	
International (AUS/NZ) Junior Squad (living and registered in WA)	
International (AUS/NZ) Open Squad (living and registered in WA)	
NTL Open or Equivalent NSW or QLD based permit.	
International (AUS/NZ) Junior Squad (living outside of WA)	
National Rugby League Registered Player	
Australian Rugby Union/Super Rugby Franchise Registered Player	
State of Origin (QLD or NSW) Open Team	
International (AUS/NZ) Open Squad (living outside of WA)	
Other, please specify:	

**Signature of Person Making Request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Have you notified your current Affiliate President:** \_\_\_\_\_ **YES / NO**

Please ensure that all fields have been completed. Incomplete forms will not be accepted.

Please return completed forms to: [warren.smiles@touchfootball.com.au](mailto:warren.smiles@touchfootball.com.au)

**Office Use Only:** Current affiliate: YES/NO Entered: YES/NO Approved: YES/NO Late: Yes/No