

2024 WA State Championships Presented by Livelighter



Transfer Request Form

Conditions of Entry available from:

www.touchfootballwa.com.au		
Request Details		
Name of Person Requesting Transfer		
Current Affiliate (Transferring From)		
New Affiliate (Transferring To)		
Division: please list your division		
Date of Birth		
Home Address		
Contact Number		
Contact Email		
Reason for Requesting Transfer:		
Please provide detailed reasoning below as to why you are applying for the transfer		
I have represented the following teams or s	<u> </u>	ck 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	14077)	
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.	54 III 1171)	
International (AUS/NZ) Junior Squad (living outside of WA)		
National Rugby League Registered Player	7	
Australian Rugby Union/Super Rugby Franchise Registe	ered Plaver	
State of Origin (QLD or NSW) Open Team		
International (AUS/NZ) Open Squad (living outside of W	/A)	
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Other places aposity		
Other, please specify:		Doto
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

Official use only: Pending : Approved by Affiliate : Approved TFWA