



**FORM 3 – FOR QUEENSLAND PLAYERS ONLY  
CLEARANCE APPLICATION FORM**

AFL QUEENSLAND LTD  
P.O Box 1211, Coorparoo DC QLD 4151  
Phone 3394 2433 Fax 33944977

To be completed by Player:

I \_\_\_\_\_ Date of Birth / /  
please print clearly

Now residing at \_\_\_\_\_

Apply for a clearance from the \_\_\_\_\_ Football Club to play

With the **THURINGOWA BULLDOGS AUSTRALIAN FOOTBALL CLUB**. I have been a player of

The \_\_\_\_\_ Football club in the \_\_\_\_\_

League / Association since \_\_\_\_\_ and I am / am not a disqualified player.  
(please circle)

My telephone number is \_\_\_\_\_ (b) \_\_\_\_\_ (h)

Have you ever previously played for or registered with an AFL Townsville Club?

YES / NO - If YES then who and when?

Previous Clubs played with:

CLUB	LEAGUE	YEAR

I ACKNOWLEDGE & FULLY UNDERSTAND AND ACCEPT THE INSURANCE COVER PROVIDED BY THIS LEAGUE / CLUB AS OUTLINED ON THE REGISTRATION FORM.

Date / / Players Signature \_\_\_\_\_

**To be completed by the Players Previous Club:**

The \_\_\_\_\_ Football Club grants / refuses the clearance applied for by  
\_\_\_\_\_ for the following reasons \_\_\_\_\_

**For and on behalf of the Committee:**

Signed \_\_\_\_\_ Date / /

**To be completed by the Controlling body:**

The \_\_\_\_\_ League / Association grants / refuses the above clearance

Signed \_\_\_\_\_ Date / /

**OFFICE USE ONLY:**

Form lodged with league: / / Previous club notified / / Details: \_\_\_\_\_