



**BASEBALL WA
CHARTER TRANSFER APPEAL**



SEASON 20____/20_____

THIS FORM IS TO BE SUBMITTED BY THE CHARTER PRESIDENT OR SECRETARY

This form is to be completed by players requesting a Charter Transfer to participate in the State Championships for the current season.

GIVEN NAMES: _____ SURNAME: _____

ADDRESS: _____

SUBURB or TOWN: _____ POSTCODE: _____

DATE of BIRTH: ____/____/____

PH Mum: _____ PH Dad: _____

EMAIL: _____

FORMER CHARTER: _____

NEW CHARTER: _____

An appeal can be made to the outgoing Charter regarding the ineligibility to play Charter Championships for 12 months. Should the appeal be denied, then the Parent may appeal to the Little League District Administrator.

PARENTS NAME: _____

PARENT, GUARDIAN SIGNATURE: _____

I acknowledge that my child is *ineligible* to play for a Charter team for 12 months if my child move to a club outside of my current charter and the appeal to transfer is denied.

For Charter use only

Charter Waiver: _____
(State Approved or Denied)

Charter Presidents Name: _____

Charter President Signature: _____

ALL SIGNATURES MUST BE COMPLETED BEFORE SUBMITTING THIS FORM