

2020 WITHDRAWAL FORM

Club Details

Date:	
Club:	

Player Details

Player ID:	
Player Name:	
Date of Birth:	
Age & Grade player is in:	
Name of Replacement Player (if applicable)	

THIS SECTION TO BE COMPLETED BY SSNA

NAME OF ASSOCIATION REGISTRAR.....

SIGNATURE.....

DATE RECEIVED.....

Team Name and number	Withdrawn from team	Role Removed	Signature
	Yes / No	Yes/No	

FOR BILLING PURPOSES – Withdrawal? or Transfer? (Please circle)

TAKE COPY FOR REGISTRAR

TO BE RETAINED BY ASSOC REGISTRAR