



# Australian Pipe Band Association Inc

## Clearance of Registered Player

Band to which player is registered:

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**Player details**

Family name	
Given names	
Date of birth	
Address line 1	
Address line 2	
City/Town/Suburb	
State	
Postcode	

### Certificate of Clearance

I certify that the player whose details appear above is under no financial or other obligation to the band, and is hereby cleared from the band.

Signature of authorised band officer	X
Date	
Name of authorised band officer	X
Office held	X

**Please return completed copy of this form to the APBA Registrar**

R Riley 13 San Sebastian Blvd, Port Kennedy W A 6172  
Ph 08 9594 0629 Fax 08 9594 0345 Email: registrar@pipebands.asn.au

**Office use**

Received	Recorded		