

## INTERSTATE CLEARANCE FORM

### Swimming Club Details (Club Registrar to complete)

Particulars	Details		
Club Name			
Contact Person			
Address			
Tel. Home		Tel. Work	
Mobile		Email	

### Swimmers

Name	Gender	ClubLANE Membership Number	Date of Birth

### Interstate Meet Details

State Swimming Association			
Name of Meet			
Town or City of Meet			
Date of Meet or Date Clearance from:		Date of Meet or Date Clearance to:	

### Office Use Only

**Approved by:** John Mitchell  
**Position:** Executive Officer  
**State:** Northern Territory

**Date Issued:** \_\_\_\_\_ **Signature:** \_\_\_\_\_