PLAYERS' DETAILS

ABF MASTERPOINT CENTRE

☐ *Please send some more forms*

PO Box 6152, P'MATTA BC P'MATTA 2150

☐ ☐ – ☐ ☐ ☐

ABF NUMBER

☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ **NEW PLAYER** (has never been issued with an ABF number)
☐ **ACTIVATE PLAYER** (if number unknown, supply additional details)
☐ **CHANGE DETAILS** (write changes only; if name has changed, underline)
☐ **ADD to Reports** ☐ **REMOVE from Reports** (home clubs always included)
☐ **PLAYER DECEASED** / /20 (sign to confirm death of player)

☐ **Transfer from Club Number:** ☐ ☐ – ☐ ☐ ☐

SIGNATURES REQUIRED:
Player for transfer; MP secretary for deceased player

ABF MASTERPOINT CENTRE USE ONLY

title | inits (3-max) | firstname (preferred, 1 only) | surname

date-of-birth (year optional) | gender | street no. and name

suburb or town | state | postcode

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Date of Birth are now compulsory! To avoid delays, please include at least Date and Month