

CALISTHENICS ASSOCIATION OF W.A. (INC)



TRANSFER ACCEPTANCE FORM

NAME: _____

ADDRESS: _____

PROPOSED CLUB: _____

PRESENT CLUB: _____

REASON FOR LEAVING: _____

TRANSFER AGREED / DISAGREED

SIGNED: _____ **DATE:** _____
PRESIDENT PROPOSED CLUB

Please send within 28 days of signing to:

Chairperson
Rules & Regulations
CAWA Inc.
PO Box 1464
MIDLAND WA 6936