

CALISTHENICS ASSOCIATION OF W.A. (INC)



TRANSFER RELEASE FORM

NAME: _____

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PRESENT CLUB: _____

REASON FOR LEAVING: _____

TRANSFER AGREED / DISAGREED

SIGNED: _____ DATE: _____
PRESIDENT PRESENT CLUB

Please send within 28 days of signing to:

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