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|  | | | | | | | | **PLAYER TRAVEL APPROVAL**  **2024 PAID PLAYER DOCUMENTATION** | | | | | |
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| **REQUEST FOR PLAYER TRAVEL APPROVAL - FORM** | | | | | | | | | | | | | |
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| **League:** | | | |  | | | | | | | | | |
| **Club:** | | | |  | | | | | | | | | |
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| ***PLEASE NOTE:***  ***CFWA Rule & Regulation 4.4(c)***  *A player can qualify to receive a travel fee for matches in which the player travels greater than 200km (return) from their suburb of residence to attend. Players, upon request, must be able to demonstrate that they are residing at the address provided. This payment must be approved by the CFWA via a Travel Payment Application Form prior to any payment being made. Payments must be recorded on the CFWA’s Paid Player Spreadsheet. The following payment schedule is applicable;*   |  |  | | --- | --- | | ***Distance (km’s return)*** | ***$ Amount Applicable*** | | *200km - 299km* | *$100* | | *300km - 399km* | *$150* | | *400km - 499km* | *$200* | | *500km +* | *$250* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | **First Name** | | | | **Surname** | **Suburb/Town Currently Residing** | | | | **Applicable $ Amount** | | **WACFL Approval** |
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| By submitting this form the club is agreeing to the following: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1) | | | That the player’s place of residence is accurate and agrees to provide proof, through provision of a copy of the player’s driver’s licence or other documentation confirming their place of residence if requested. | | | | | | | | | | |
| 2) | | | Is aware that providing false information could lead to sanctions imposed in line with the Paid Player Rule & Regulations. | | | | | | | | | | |
| 3) | | | To provide updated information to the CFWA should a player’s place of residence change during the season. | | | | | | | | | | |
| 4) | | | That ONLY players approved by the CFWA are eligible to receive the player travel payment. | | | | | | | | | | |
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| Club Official: | | | | |  | | | | Signature: | |  | |
| Position: | | | | |  | | | | Date: | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | |
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| OFFICE USE | | | | | | | | | | | | | |
| CFWA: | | | | |  | | | | Signature: | |  | |
| Position: | | | | |  | | | | Date: | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | |
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