



REQUEST FOR APPROVAL OF EVENT

This form is to be completed and returned for all trial matches **at least 5 days before the event.**

Club Name:

Contact Name:

Phone No.:

Email:

Date of Event:

Time:

Venue:

Opposition Club:

Age Group/s:

Please give a brief outline of the event:

PLEASE NOTE: only players currently registered with SANFL Juniors will be covered by insurance. Any new players play at their own risk and parents/guardians should be notified.

OFFICE USE ONLY

To be completed by SANFL Juniors

SANFL Juniors sanctions the above event.

SANFL Juniors

____ / ____ / ____
Date

Form to be completed and returned to
SANFL Juniors, PO Box 606 Tynte Street North Adelaide, SA 5006 or sanfljuniors@sanfl.com.au