

REQUEST FOR SANCTION OF EVENT



This form is to be completed and returned for any events, practice or friendly matches <u>at least 5</u> <u>days before the event.</u> All matches must be held in accordance with Constitution, By-Laws and Code of Conduct policies.

Competition		Club Name Phone Number	
Contact Name			
Ve request sanction approva	al for the following ϵ	event:	
Date of Event	Time	V C	Venue
<u> </u>			Venue
Age Group(s)	Opposition		
Type of event f there are multiple practice ma	atches please submit a	separate form fo	or each match.
Practice Match	Friendly Match		
Training	Other:		
Are umpires required?	Yes	No	
f yes, how many are require The host club will be charged if com		ires are required	
Please give a brief descriptio	n of the event:		
covered by insurance. Any n notified.	new players play at t	heir own risk ar	etition in the current year will be nd parents/guardians should be r and returned to applying club.
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The competition Ma	nger sanctions the a	bove event.	
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Date

Form No: AFLQJ-25

Competition Manager