

PRACTICE MATCH REQUEST FORM

This form must be used for all practice match requests

Club Name:	
Contact Name:	
Contact Number:	
Signature:	
Submission Date to BDAFL:	
Date Received by BDAFL:	

Opposition:		Venue:	
Date:		Time:	
Number of Quarters:		Length of Quarters:	

Do you require field, goal and boundary umpires? YES / NO

Please note a health and safety check (ground inspection) is required prior to the commencement of play. The original JLT form needs to be sent to the General Manager, along with one copy of each BDAFL clubs team sheet immediately after the match.