



## TRIAL MATCH REQUEST FORM

This form is to be completed and returned for all trial/social matches at least 10 days before, unless otherwise discussed.

Club Name:

Contact Name:

Phone No:

Email:

Date of Match:

Time:

Venue:

Opposition Club:

Age Group/s:

Please give a brief outline of the match/es:

**PLEASE NOTE: Only players currently registered with SANFL Juniors will be covered by insurance. Any unregistered 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 match/es.*

\_\_\_\_\_  
*Signature*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

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