



# 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](mailto:sanfljuniors@sanfl.com.au)

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