



**FOOTBALL NSW LIMITED**  
 235-257 MEURANTS LANE, GLENWOOD NSW 2768  
 PO BOX 6146, BAULKHAM HILLS BUSINESS CENTRE NSW 2153  
 PHONE: 8814-4400 FAX: 8814-4483  
 www.footballnsw.com.au  
 A.B.N. 25 003 215 923



The \_\_\_\_\_ Soccer Club hereby makes application  
 to play a trial match against the \_\_\_\_\_ Soccer  
 Club

who is a member of \_\_\_\_\_ Federation.

**DATE OF MATCH:** \_\_\_\_\_

**VENUE:** \_\_\_\_\_

The Clubs concerned propose to conduct matches and the starting time  
 of these matches would be at:

| GRADE           | TIME |
|-----------------|------|
| 1 <sup>ST</sup> |      |
| UNDER 20/21     |      |
| RESERVE         |      |

If the matches are approved by Football NSW, we would request that:

**(Circle appropriate one)**

- A. We require Football NSW to make arrangements for Referees and Assistant Referees.
- B. Arrangements for Referees have been made with a local District Referees branch.
- C. We do not require Football NSW to make arrangements for Referees or Assistant Referees.

**NOTE:**

- 1. *Payment of referee's fees are to be made on the day of the match and will be 50% of the normal fee.*
- 2. *Should payment not be made on the day as per clause (1) clubs will be invoiced the full referee's fees applicable.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Position in Club

| NOTIFIED             | DATE NOTIFIED | ACKNOWLEDGMENT<br>OF RECEIPT - PLEASE SIGN | POSITION |
|----------------------|---------------|--|----------|
| CLUB ADVISED         |               |  |          |
| REFEREE'S<br>ADVISED |               |  |          |