



**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



## YOUTH LEAGUE TRIAL MATCH APPLICATION FORM

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

Starting time of the matches will be at:

GRADE	TIME
GRADE 13	
GRADE 14	
GRADE 15	
GRADE 16	
GRADE 18	

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 as follows:-**

<b>Grade 13, 14:</b>	<b>\$22-00 Referee</b>	<b>\$12-00 Assistant Referee</b>
<b>Grade 15, 16:</b>	<b>\$26-00 Referee</b>	<b>\$14-00 Assistant Referee</b>
<b>Grade 18:</b>	<b>\$28-00 Referee</b>	<b>\$16-00 Assistant Referee</b>

\_\_\_\_\_  
Signature

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

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