



SPECIAL TOURNAMENT SANCTION APPLICATION FOR APPROVAL

CLUB	<input type="text"/>	ZONE	<input type="text"/>		
ADDRESS	<input type="text"/>				
SUBURB	<input type="text"/>	STATE	<input type="text" value="NSW"/>	POST CODE	<input type="text"/>
CLUB OFFICIAL	<input type="text"/>	POSITION	<input type="text"/>		
PHONE	<input type="text"/>	MOBILE	<input type="text"/>		
EMAIL	<input type="text"/>				
VENUE	<input type="text"/>				
ADDRESS	<input type="text"/>				
SUBURB	<input type="text"/>	STATE	<input type="text" value="NSW"/>	POST CODE	<input type="text"/>
TOURNAMENT NAME	<input type="text"/>				
START DATE	<input type="text"/>	END DATE	<input type="text"/>		
NO. DAYS	<input type="text"/>	AGE GROUPS	<input type="text"/>		

I, _____ Name _____ the _____ Position _____ of _____ Club _____, agree on behalf of the Club to comply with the NCF Football Special Tournament Terms and Conditions, as a condition of approval.

I understand that failure to comply with the Special Tournament Terms and Conditions will render the Club in breach of the National Registration Regulations and Club Administrator(s) personally liable in the event of player injury or public liability claims.

_____ Signature _____ Date _____

FOR OFFICE USE ONLY

SANCTION APPROVED SIGNATURE _____ DATE _____

PLAYER REPORT DUE DATE _____ RECEIVED DATE _____

RECONCILIATION FORM AND FEES DUE DATE _____ RECEIVED DATE _____