Multiple Match Day Permit- Application

Player to Complete

.....

First Name Surname Date of Birth

Contact telephone number.....

Footyweb Number .....

Currently registered with the ..... Football Club affiliated with

the..... Football League.

Current Club Age Group .....

Applies for permits to play with the.....Football Club, a club

affiliated with the ..... Football League.

Player's Signature _____Date _____

Parent / Guardian Signature* _____Date _____

Player's Home Club to Complete

The _____ Football Club Grants the permits.

Date _____ Signature _____ Position _____

Player's Permit Club to Complete

The ..... Football Club acknowledges the permits and understands that the player is

eligible to play in the under age competition of the ..... Football League.

Date _____ Signature _____ Position_____

***Must be signed by a parent or guardian if the player is under 18 years of age.**

The club requesting the permit must be aware of the regulations governing permits, including but not limited to the knowledge of which leagues are part of an area agreement with their own league.

This form MUST be completed in Triplicate: One copy to be retained by EACH club and one copy to be forwarded to AFL Central Victoria (Fax: 5434 2444)