****

|  |
| --- |
| **nscf11e - nsfa APPROVAL FORM** |

This form must be completed by all clubs intending to play trial matches against another NSFA club and must be submitted to NSFA for approval at least seven (7) days prior to the match.

* For trial matches against clubs from another FNSW-affiliated association please use the following form: - FNSW Inter Association Trial Match Request Form.
* If you are intending to host an event or participate in an event, please fill out the Football NSW Sanction Form online at [footballnsw.com.au](file:///\\NSFA-SRV\NSFA%20Data\NSFA\NSFA\Affiliations\Affiliation%20Documents%202017\2017%20Working%20Documents\footballnsw.com.au).
* If you are travelling interstate to participate in a tournament or play a trial match (including ACT and Northern NSW), please fill out the Football NSW Interstate Tour Permit online at [footballnsw.com.au](file:///\\NSFA-SRV\NSFA%20Data\NSFA\NSFA\Affiliations\Affiliation%20Documents%202017\2017%20Working%20Documents\footballnsw.com.au).
* If you are travelling overseas to participate in a tournament or play a trial match, please fill out the Football NSW Overseas Tour Permit online at [footballnsw.com.au](file:///\\NSFA-SRV\NSFA%20Data\NSFA\NSFA\Affiliations\Affiliation%20Documents%202017\2017%20Working%20Documents\footballnsw.com.au).

|  |  |
| --- | --- |
| Match Details | |
| Name Of Club: |  |
| Age Group of Team(s): |  |

|  |  |
| --- | --- |
| *Other please specify:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Position: |  |
| Daytime Phone: |  | Mobile: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Opposition Club: |  |
| Age Group of Team(s): |  |
| Date of Event: |  |
| Venue(s) to be used: |  |
| Address of Venue: |  |
| Starting Time: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Phone: |  |

*Note: Only players registered with Football NSW will be covered for sporting injuries. Football NSW Club and Association events must be sanctioned by Football NSW for Public liability coverage to apply***.**

**NSFA Approval - Fax to 9449 4877 Email:** [**competitions@nsfa.asn.au**](mailto:competitions@nsfa.asn.au) **or** [**damian@nsfa.asn.au**](mailto:damian@nsfa.asn.au)

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Title: |  |
| Signature: |  | Date: |  |