



Application to Participate in a Trial Match



APPLICANT CLUB: _____ **VS** _____
MATCH VENUE: _____ **DATE:** _____
GRADE/S: _____ **TIME/S:** _____

PARTICIPANT CLUB DECLARATION

By signing this form you are confirming that the club agrees all players involved in trial matches will be registered with the QRL for the current season, and that all participant players have insurance cover in accordance with the terms outlined the OAMPS 2012 Insurance Program Handbook.

You also agree to comply with the Rules and Regulations of the QRL as well as Local League Policies.

HOST CLUB SECRETARY: Name: _____ (please print)

Signature: _____ Date: _____

VISITING CLUB SECRETARY: Name: _____ (please print)

Signature: _____ Date: _____

OFFICE USE ONLY:

Approved by Local League: _____ Date: _____

Approved by Division: _____ Date: _____

Match Officials Confirmed

Local League /QRL Referees: _____ Date: _____