



## APPLICATION TO PARTICIPATE IN A TRIAL MATCH

**APPLICANT CLUB:** \_\_\_\_\_ **VS** \_\_\_\_\_

**MATCH VENUE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**GRADE/S:** \_\_\_\_\_ **TIME/S:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: Check RLB Calendar and QRL SE Female Season Planner for trial period.**

**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 Arthur J. Gallagher 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: \_\_\_\_\_

**This form MUST be lodged two weeks prior to the proposed match.**