



# TRIBUNAL REFERRAL FORM – FEDERATION IMPOSED PENALTY

DATE: \_\_ / \_\_ / 20\_\_

**All details below MUST BE completed**

Name of Club:	
Name of Club Secretary:	
Club Email: <small>(Official correspondence regarding the Tribunal Request will be sent to your Club via Email)</small>	
Charge(s)/Penalties being referred to Tribunal for review:	(1) _____  (2) _____
Match: (if applicable)	V
Match/offence date:	

**Best Contact Person regarding the Tribunal request:**

Name:	
Phone Number:	
Position at Club:	

**PAYMENT OF TRIBUNAL REQUEST FEE**

Card Type (mark with an X):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card number		
Expiry date		CCV number
Name of cardholder		
Amount	<b>\$300</b>	
Signature of cardholder (type name if lodging by email)		