

PART B. Tribunal Referral Form – Red Card Offence



TRIBUNAL REFERRAL FORM – RED CARD OFFENCE

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>	
Player Name / FFA ID:	
Player Phone Number:	
Offence: (e.g. R1 – Grade 3)	
Suspension: (e.g. Auto + 4)	
Match:	V
Date of Match:	

Best Contact Person regarding the Tribunal request:

Name:	
Phone Number:	
Position at Club:	

FASTTRACK TRIBUNAL

Fasttrack Process – YES/NO (please circle)

To be completed only for Fasttrack Tribunals

Any further information (not already provided to FV) to be raised to Tribunal member deciding the matter:	
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Any further information regarding penalty if found guilty:	
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PAYMENT OF TRIBUNAL REQUEST FEE

Card Type (mark with an X):		<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard
Card number				
Expiry date		<input type="checkbox"/> CCV number		
Name of cardholder				
Amount	<ul style="list-style-type: none"> • \$350 or • \$300 for Fasttrack Tribunal 			
Signature of cardholder (type name if lodging by email)				