



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 2010 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: _____

<u>OFFICE USE ONLY:</u>	
Approved by Local League: _____	Date: _____
Approved by Division: _____	Date: _____
<u>Match Officials Confirmed</u>	
Local League /QRL Referees: _____	Date: _____