



BENDIGO AMATEUR SOCCER LEAGUE

TRIBUNAL REQUEST FORM - BASL IMPOSED PENALTY

DATE: __ / __ / 20__

All details below **MUST BE** completed

Name of Club:	
Name of Club Secretary:	
Club Email: (Official correspondence regarding the Tribunal Request will be sent to your Club via Email)	
Charge(s)/Penalties being appealed:	(1) _____ (2) _____
Fixture: (if applicable)	V
Fixture/offence date: (as applicable)	

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	\$200	
Signature of cardholder (type name if lodging by email)		