



# 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	<b>\$300</b>			
Signature of cardholder (type name if lodging by email)				