

ACT Football Federation trading as Capital Football
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www.capitalfootball.com.au



Capital Football Sanction Form

This form must be completed by all teams and clubs intending to compete in events, gala days or non-club competitions and this form must be submitted to Capital Football for approval prior to entering an event.

This form serves as a checklist to ensure applications for sanction meet the Tour and Sanctions Policy

NAME OF CLUB: _____
 NUMBER OF TEAMS: _____
 AGE(S) OF PLAYERS: _____
 TOUR LEADER: _____
 CONTACT NUMBER (DAYTIME): _____ MOBILE: _____

NAME OF COMPETITION PARTICIPATING IN: _____
 TYPE OF EVENT: _____
 OPPOSITION TEAM AND ASSOCIATION: _____
 DATE/S OF EVENT: _____
 VENUE(S) TO BE USED: _____
 ADDRESS OF VENUE: _____
 HOST ORGANISATION: _____
 EVENT ORGANISER: _____ PHONE: _____

NOTE: Only players registered with Capital Football will be covered for sporting injuries. Any event must be sanctioned by the appropriate Football Federation before being visiting teams can be sanctioned to attend

Checklist of Attachments as per Capital Football Sanctioning Policy

<input type="checkbox"/>	Copy of application to join the event / invitation to join the event
<input type="checkbox"/>	Full itinerary for the activity, including relevant manager / tour leader contact details
<input type="checkbox"/>	Full list of players and officials from the club attending, including addresses, DOB's, contact numbers and FFA numbers
<input type="checkbox"/>	An undertaking from the tour leader that each member of the touring party has received a copy of the CF code of Conduct
<input type="checkbox"/>	Details of the insurance cover for the travelling players and officials for all visits outside of the ACT or NSW
<input type="checkbox"/>	Documentation covering Child Protection declarations and clearance from Schools and parents (where applicable)
<input type="checkbox"/>	Approval letters from the player's club if different to the club participating on the tour
<input type="checkbox"/>	Evidence of Inoculations and Visa applications (where applicable)

WHEN COMPLETED FAX OR EMAIL TO CAPITAL FOOTBALL: 02 6260 4999 general@capitalfootball.com.au

Office Use Only

CAPITAL FOOTBALL APPROVAL

APPROVED BY: _____

POSITION: _____

DATE: _____