



Application for Selection Review

Before submitting this form please read the Trial/Selection Policy carefully. This can be found on the website.

Player Name: _____

Grade Selected: _____

Reasons requesting review:

Please condense your comments to the space provided – do not attach any correspondence to this application. This application will formalise the Application for Review. No further correspondence will be entered into.

Signature: _____
Senior Player/Guardian of Junior Age Player

Print Name: _____

Applications will only be accepted up to 1 week after teams are officially announced.

This application will be forwarded to the Match Committee to arrange a selection review of the player listed in the application. You will be advised when all reviews and player movements have been completed.