

North West Football League of Tasmania Inc

**VIDEO REPORT REQUEST FORM**

**CLUB REFERRING THE INCIDENT**

\_\_\_\_\_ (club name)

**NAME OF PERSON REFERRING THE INCIDENT**

\_\_\_\_\_ (print name)

**NAME OF CO-SIGNATORY\***

\_\_\_\_\_ (print name)

**POSITION OF PERSON REFERRING THE INCIDENT (e.g. President, Secretary)**

\_\_\_\_\_ (print role)

**DATE OF MATCH**

\_\_\_\_\_ (print date)

**TIME AND LOCATION OF INCIDENT (e.g. 12 mins into first quarter, grandstand side wing)**

\_\_\_\_\_ (be as specific as possible)

**HOME TEAM**

\_\_\_\_\_

**AWAY TEAM**

\_\_\_\_\_

**ANY FURTHER INFORMATION (e.g. the potential charge, how many players involved, be as specific as possible, players injured (attach medical information if applicable))**

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\* Co-signatory must be one of the following accredited roles within the club; President, Vice President, Secretary, Football Director or Junior Coordinator