



INCIDENT REFERRAL FORM CLUB REFERRAL

- This form should be completed as soon as practical after the completion of the match, preferably on the day of the match.
- A copy of the form must be lodged to AFL Cairns by 10:00am on the first working day after the completion of the match. You can hand to the Umpires to put with the Match Day Paperwork, fax to 07 4033 1574, email to sean@cafl.com.au or submit in person.

MATCH		V	
GRADE (Please Circle)	Senior	Reserves	
VENUE			
Referral (Please Circle)	VIDEO	INCIDENT	

DETAILS

QUARTER		TIME	
VICINITY			
PLAYER/S AND/OR OFFICIAL/S INVOLVED			
PLAYER/S AND/OR OFFICIAL/S REFERRED			
NATURE OF INCIDENT			
SIGNATURE			DATE