



## REQUEST FOR MODIFICATION OF MATCH DAY GUIDELINES

Club Name: \_\_\_\_\_

Contact Name and Phone No: \_\_\_\_\_

Age Group \_\_\_\_\_

Current Specific Rule

Reason for request

Proposed amendment to Rule

Form to be completed and returned to  
SANFL Juniors PO Box 606 Tynte Street North Adelaide SA 5006  
or [sanfljuniors@sanfl.com.au](mailto:sanfljuniors@sanfl.com.au)