SCHEDULE 4 - FORMS

PART E. Red Card Review Form – Clear & Obvious Error by a Match Official

RED CARD REVIEW FORM

Submit Video Evidence to Discipline@FootballVictoria.com.au

DATE:__ /__ / 20_____

All details below MUST BE completed

Name of Club:	
Name of Club Secretary:	
Club Email: (Official correspondence regarding the Red Card Review Request will be sent to your Club via Email)	
Coach/Player Details being referred to FV for review (inc. FFA ID):	(1) _____ (2) _____
Match:	V
Match/Offence date:	

Best Contact Person regarding the Red Card Review request:

Name:	
Phone Number:	
Position at Club:	

PAYMENT OF RED CARD REVIEW FEE

Card Type (mark with an X):		Visa		MasterCard
Card number				
Expiry date		CCV number		
Name of cardholder				
Amount	**$250 (refunded if successful)**			
Signature of cardholder (type name if lodging by email)				