



## 2022-23 PLAYER APPEARANCE REQUEST FORM

CLUB/SCHOOL/GROUP	PRIMARY CONTACT NAME
PRIMARY CONTACT PHONE	PRIMARY CONTACT E-MAIL
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**T (**02) 4353 7200 **W** ccmariners.com.au Suite 302/303, 1 Bryant Drive Tuggerah NSW 2259 | PO Box 5244 Chittaway Bay NSW 2261





















## PLAYER REQUEST CHECK LIST

## Before you submit this form, have you:

- Completed all sections of the Player Request form? (Any forms that are not fully completed will not be considered)
- Allowed 6-week notice for this request to be processed?
- Provided an introductory letter on official letterhead to accompany your request?
- Agreed to provide photos at the completion of this event and email <u>community@ccmariners.com.au</u> with photos and details from the event, including total amount of money raised?
- Read and agreed to the Terms & Conditions below

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## PLAYER REQUEST TERMS AND CONDITIONS

The completion of this form does not guarantee an appearance, and the request must be submitted a minimum of 6 weeks prior to the event.

Central Coast Mariners players are available only for a one hour block for each event (unless approved by the Mariners Football Department).

Appearance is subject to personnel availability.

The Central Coast Mariners reserves the authority to make the final decision if the player will appear at an event or not.

Accurate directions, location, on-site contact must be provided upon appearance approval. Appropriate parking must be provided close to the venue.

An escort must be provided to stay with the player/s at all times and greet them upon arrival. A bottle of water must be provided to the player/s upon arrival.

Central Coast Mariners reserve the right to cancel an approved Player Appearance due to unforeseen circumstances (i.e, injury, unexpected travel, family emergencies etc). We will reschedule any cancelled appearances where possible.

A friendly and safe environment must be maintained. Central Coast Mariners players and/or staff reserve the right to exit from any appearance deemed unsafe or potentially harmful.

Any forms that are not fully completed will not be considered. Please ensure that all sections are filled out.

I verify that I have read and agree to the Player Appearance request policies and understand that the completion of this form does not guarantee an appearance.

Signed	
Name	
Contact Phone	

Please return to Central Coast Mariners FC Email: jaynie.wignall@ccmariners.com.au Post: PO Box 5244, Chittaway Bay NSW 2261

	OFFICE USE ONLY
Approved By:	
Approval Date:	

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