**TANDRIDGE YOUTH FOOTBALL LEAGUE**

 TAN 10

**Application For Divisional Review**

**Please Note:**

1. Please ensure you have read and complied with the requirements of the Guidance Notes before submitting this application
2. This form is only valid for use in the Review Window as defined annually by the League Secretary and is to be completed by the requesting Club Secretary **ONLY**.
3. This is a request for a review and the decision of the Management Committee final and binding.

**PART A**  - TO BE COMPLETED BY THE CLUB WISHING TO REQUEST THE REVIEW

**CLUB :**

**TEAM AND TEAM NAME:**

**ALLOCATED DIVISION:**

**PREFERRED DIVISION :**

**DATE OF APPLICATION :**

**Plea**

**Please explain the reason for your request, please include supporting facts, team lists, evidence of achievements etc .**

**SIGNED: CLUB SECRETARY**

**DATE:**

**.**

**Please forward completed form to** **drharris@sky.com**