



# GOSFORD CITY FOOTBALL CLUB

## Peter Lacy Memorial U/9 Gala Day 2025

President: Cameron Bradley  
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Website: [www.gosfordcityfc.org.au](http://www.gosfordcityfc.org.au)

**Gosford City Football Club extends an invitation to your Club's Under 9 teams to join us on for our Under 9 Gala Day.**

**SUNDAY 27<sup>th</sup> July 2025  
Gavenlock Oval, Adam St, NARARA**

### **Format**

The Gala Day is open to all grass roots clubs, who may nominate as many teams as they wish. Each team can consist of a maximum of 11 players, 7 on the field and up to 4 reserves. The cost per team is \$250.

The Gala Day will be running fields by Grade (A, B,C, D, Girls), 6 fields in operation with 6 teams per field. We aim to have each field designated by an individual grade, where this is not possible a field may be a combination of grades- but only of teams one grade from each other. One field will be designated for Girls Comp teams and must only have female players in the team.

We offer teams a minimum of 6 scheduled games for the day.

All participants will receive a memento of the day.

Time and weather permitting we will run a finals round for each field, team points will be tallied through the day based on game results to provide a table for each field. If finals are not run the top of the table team will be deemed field champion. Full details of field finals will be emailed to teams prior to the day.

### **Teams/Players**

All players forming a team must nominate to play in their correct grade or higher but not lower, players must be from the same club and grade – no teams can have a player join their team who plays at representative/NPL level eg CCU or Mariners. Teams can not have a higher graded player from their club join their team eg. An A player can not join a B team, the whole team would need to move up to A grade. These rules have been introduced to keep the day a fun and fair competition for all teams.

### **Facilities**

The Gala Day will be fully catered for with a canteen and barbeque facilities and our club would gladly appreciate your support. **No individual BBQ's, no alcohol and no glass bottles are to be brought to the Gala Day. No smoking/vaping on or around the fields will be permitted.**

### **Rules & Process**

Central Coast Football's Under 9 Rules will apply for the day. A full draw will be emailed to each team contact, and a paper copy will be available from the Official Table on the day, this will also be accessible on our Club Website. Teams are to have a team representative register with the official table 30 minutes before their first game kick-off. CCF & GCFC Code of Conduct will be enforced on the day- the aim is a fun day for all, any abusive behaviour will not be tolerated.

### **Registration**

Closing date for nomination is Friday 13<sup>th</sup> June. To avoid disappointment, send your nominations into the Clubs ASAP as only 36 teams will be accepted on a first in basis. When we receive your nomination we will return email to advise if there is a spot available and ask you to proceed with payment. Receiving your payment will confirm your participation.

Please complete attached nomination form and email to [galaday@gosfordcityfc.org.au](mailto:galaday@gosfordcityfc.org.au)

### **Deposit details:-**

**Account Name - Gosford City Football Club**

**BSB - 633 000**

**Account No – 140764432**

**REFERENCE- Please include your Club and Team grade in the Description.**

If the gala day is cancelled due to wet weather and cannot be rescheduled, all payments will be refunded.

### **Information**

For further information please contact our gala day committee on [galaday@gosfordcityfc.org.au](mailto:galaday@gosfordcityfc.org.au)



# NOMINATION FORM

## GCFC PETER LACY MEMORIAL UNDER 9 GALA DAY

### SUNDAY 27<sup>th</sup> July 2025

**ENTRY FEE OF \$250.00 PER TEAM**  
**(PAYMENT REQUIRED TO CONFIRM NOMINATION)**

**Deposit details:-**

Account Name - Gosford City Football Club

BSB - 633 000

Account No – 140764432

Reference – Club and Team name

**CLOSING DATE FOR NOMINATIONS IS FRIDAY 13<sup>th</sup> June 2025**

CLUB: .....

COACH: ..... MOBILE.....

MANAGER:..... MOBILE.....

EMAIL CONTACT:.....

TEAM COLOURS: .....

TEAM GRADE:.....

PLAYERS NAMES

CCF REGO NUMBER

Please type or write in block letters.

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|-----------|-------|
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