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| **NSFC15A – sPECIAL dISPENSATION rEQUEST fORM** |

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| pLAYER details | |
| Player Name: |  |
| Player Club: |  |
| FFA / ID Number: |  |
| Age Group: |  |
| Division: |  |
| Date of Birth: |  |
| Height: |  |
| Weight: |  |
| \*Disability If Any: |  |

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| Player HISTORY |  |
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| REASON FOR APPLICAtiON |  |
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Club Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Only applicable if applying to play more than two (2) years above the age group qualified for OR if applying to play down one (1) age group and the birthdate falls before October 1.

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| iNFORMATION ATTACHED |  |
| NSFA Date / Time Received: |  |
| Doctors Report | Parents Letter |
| Coaches Report | Club Information |
| Other |  |
| NSFA USE ONLY | |
| Date NSFA Advised Club of Decision |  |

* Note: **This form must be submitted via email to** [**competitions@nsfa.asn.au**](mailto:competitions@nsfa.asn.au)
* Submission of this form does not constitute approval of the special dispensation.