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| **cf15A – 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 in a lower age group than the player is age-eligible for.

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| **iNFORMATION ATTACHED (office use only)** |  |
| NSFA Date / Time Received: |  |
| Doctors Report | Parents Letter |
| Coaches Report | Club Information |
| Other |  |
| 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.