DISPENSATION FORM 3: ADDITIONAL YOUNG PLAYERS

Player Details	
Name of Child	
Address	
Post Code	
Date of Birth	
Gender	
Place of Birth	
Player's ID Number	
Reason for requestin	g dispensation
	ints; please clearly state the reasons for requesting dispensation for the
	ar above their own age group (over and above the 5 players permitted per
rule 39 of the supple	mentary and playing rules). This form is for 11-aside teams only.
Club Details (for which	ch dispensation is being sought)
	T
Name of Club	
Team ID Number	
Team Age group	
Season for which	
dispensation is sought	
Name of Club	
official submitting	
the application	
Role at the club	
Hore at the clab	<u> </u>
I confirm that by signi	ng below the above team which to apply for dispensation for the
aforementioned playe	r.
Cignaturo	
Signature	
Date	