**CM Junior Management Board**

 **Email: andrew.armitage@anz.com**

**APPLICATION FOR DISPENSATION**

Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_Open/Restricted

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Weight (kgs) \_\_\_\_\_\_\_\_\_\_\_

Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Players in Team \_\_\_\_\_\_\_\_

Number of players in team applying for dispensation. \_\_\_\_\_\_\_\_

Number of teams in grade \_\_\_\_\_\_\_\_\_

Next highest grade in club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next lowest grade in club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State any Physical Disability:

What is the reason for the application for dispensation?

Is there any other reason the dispensation committee should be aware of when considering this application?

Club Delegates Name/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensation Committee Decision: **APPROVED / NOT APPROVED**

Signed: