



## CM Junior Management Board

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### 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 \_\_\_\_\_

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

Signed: