



Year 4 Dispensation Request (2016)

Please complete the following information

SCHOOL NAME:

CONTACT PERSON:

PHONE Home:

Business:

Mobile:

EMAIL:

Information for dispensation

Number of year 5s currently:

Number of year 5 teams:

Grade they are registered in:

How many year 4s are needed:

Team they will be playing for:

Name of players to be included in the dispensation:

Reason for dispensation request:

Please note no more than 3 year 4 players will be considered per school

For Office Use Only

Dispensation Confirmation

We confirm that the above mentioned players have been granted a dispensation by Northern Suburbs Netball to play for the above mentioned team.

Authorised by:

Date:

Kelly Herbert

Chairperson

Northern Suburbs Netball