



## Year 4 Dispensation Request (2016)

Please complete the following information

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SCHOOL NAME:

CONTACT PERSON:

PHONE Home:

Business:

Mobile:

EMAIL:

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### 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\*\**

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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*