

Traralgon Amateur Basketball Association Inc.
Domestic Competition



REQUEST FOR SPECIAL PERMISSION TO QUALIFY FOR FINALS

When to complete this form?

Please complete this form to apply for special permission to compete in the finals should you have not played enough games to qualify. All requests must be submitted no later than two (2) weeks prior the commencement of finals.

Player Details

Player Name (Person requesting permission)	
Telephone	
Email Address	
Team Name	
Competition Name & Division (e.g. Women's A grade, Under 14 boys A)	
Season (e.g. Winter 2020)	

Reason for Request

An authorised doctor's report is required for any reasons medically related.

Player Declaration

By signing this form you agree declare that the information contained in this form is true and correct.

Player Name (Parent/Guardian if Under 18 years)	
Player Signature (Parent/Guardian if Under 18 years)	
Date	

TABA Office Use Only

Date Received	
Request Outcome (please circle)	<i>Approved / Declined</i>
Date Outcome Provided to Player	
Match Committee Signature & Date	