



# Ballarat Basketball Association

## Request for Special Permission to Qualify for Finals

### Request Details:

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Club: \_\_\_\_\_

Age Group & Grade: \_\_\_\_\_

Male     Female  
(Please tick appropriate box)

Name of person requestion permission: \_\_\_\_\_

Reason: (If medical: A doctors report MUST accompaniment this request)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of Recognised Club Delegate

Date: \_\_\_\_\_

**BASKETBALL OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

**APPLICATION APPROVED/REFUSED**

BASKETBALL MANAGER - Maureen Hunt

Signature: \_\_\_\_\_ Date: \_\_\_\_\_