



Basketball Ballarat
Request for Special Permission to Qualify for
Finals 2018 CHAMPIONSHIP Season
DUE BY 27th AUGUST 2018

Please Note: Check by law 6.4 ELIGIBILITY FOR FINALS

Request Details:

Season _____

Club: _____

Age Group & Grade: _____ Male Female
 (Please tick appropriate box)

Name of person requesting permission: _____

Reason: (If medical: A doctor’s report MUST accompany this request)

Signed: _____
 Signature of Recognised Club Delegate

Date: _____

<p>BASKETBALL OFFICE USE ONLY:</p>	<p>APPLICATION APPROVED/REFUSED</p>
<p>Date Received: _____</p>	<p>COMPETITION MANAGER – Matt Newton</p>
<p>Date Returned: _____</p>	<p>Signature: _____ Date: _____</p>