



## Player Dispensation Form

Name: \_\_\_\_\_

Lodgment Date: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Dispensation Circumstance:

Injury

Unforeseen Extenuating Circumstance

Representative Duties

Further Information:


\_\_\_\_\_

Player Signature

\_\_\_\_\_

Current Permit Manager

\_\_\_\_\_

Touch Football South Australia Rep.



Touch Football Australia – Touch Football SA office

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