



2024 Touch Football WA

State Championships presented by Live Lighter

Dispensation Request Form

Conditions of Entry available from:

www.touchfootballwa.com.au

Request Details	
Name of Person Requesting Dispensation	
Current Affiliate	
Division: <i>please list your division</i>	
Date of Birth	
Home Address	
Contact Number	
Contact Email	
Reason for Requesting Dispensation:	
Please provide detailed reasoning below as to why you are applying for the dispensation	

Signature of Person Making Request: _____

Date: _____

Signature of President of current Affiliate: _____

Date: _____

Please ensure that all fields have been completed. Incomplete forms will not be accepted.

Please return completed forms to: warren.smiles@touchfootball.com.au Official use only: Pending/ Approved