



2024 Touch Football WA

Live Lighter Super League Series

Dispensation Request Form

Conditions of Entry available from:

www.touchfootball.com.au/wa/livelihter-super-league-series/

Request Details	
Name of Player Requesting Dispensation	
Current Affiliate	
Date of Birth	
Home Address	
Contact Number	
Contact Email	

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

Office Use Only: Current Affiliate: YES/NO Entered: YES/NO Approved: YES/NO Late: YES/NO