



2025 Touch Football WA Super League Series Dispensation Request Form

Conditions of Entry available from:

[2025 SLS Conditions of Entry.pdf](#)

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