



WEST GLAMORGAN JUNIOR A.F.L.

DISPENSATION REQUEST FORM - 2024/25

FULL TEAM NAME (including colour or identifier name)	AGE GROUP

MATCH DATE DISPENSATION IS REQUIRED:	DAY / MONTH / YEAR
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CURRENT MATCH FIXTURE DETAILS	
(please tick)	(if scheduled on COMET, please provide details)
<input type="checkbox"/> LEAGUE GAME	HOME TEAM
<input type="checkbox"/> CUP GAME	v
<input type="checkbox"/> NOT SCHEDULED	AWAY TEAM

REASON FOR DISPENSATION REQUEST

SIGNED: _____
(Club Secretary)

DATE: _____

- Request **must** be with the League Secretary fourteen (14) days prior to the dispensation date.
- Request **must** come from Club Secretary's E-Mail and be on this completed form.
- Request form must be signed and dated by the Club Secretary.