FINALS DISPENSATION FORM



DETAILS OF PER	RSON SUB	MITTING THIS	FORM						
Name:					Email:				
Club:					Phone:			1	
Position:			Signature:				Date of Submission:	/	1
DETAILS OF PLA	YER								
Name:					MyRugby ID:				
Grade:					Phone:				
Dispensation Reques	sted for:	Injury / Illr	ness / Extrem	ne+Spe	cial Circumstand	ces	(circle one)		
Number of Games Missed:		Specific Rounds seeking dispensation approval for:							
FURTHER DETAI	II S FOR D	ISPENSATION	REQUEST						
Places attach an	v sunnart	ina documento:	tion signed by a	auslifia	nd medical prof	assiona	I who monitored the n	laver du	rina

The person submitting this dispensation request form is required to **Complete** this document and **Submit (with supporting documentation)** to RUSA:

- For injury or illness dispensation request by COB Monday, 19 days before Finals Commence
- For extreme/special circumstances by COB Monday, 26 days before Finals Commence

their injury/illness. Any application without supporting documentation will not be accepted.

(Any extension to the dispensation request may granted in the absolute discretion of the Finals Eligibility Committee)

Submit this form via Email to info@sarugby.com.au

Should you have any queries regarding this document, please contact SA Rugby Union on (08) 7070 6940.