



Townsville Hockey Association Application for an Over Age Player

Club: _____

Wish to apply for dispensation for the following player to allow them to play down an age division.

Name of Player: _____

Date of Birth: / /

Division by Age: U12 U15 U18 Senior

Requested Age Group: U12 U15 U18 (Please circle)

This application is submitted on behalf of the player because:

- He/she is new to the sport
- He/she has disabilities that preclude playing in a higher division (Please detail below)
- Other – Please specify

Comments

Signature

Date

Club President or Club Secretary

Office Use Only		
Date Received: ___/___/___	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: : ___/___/___ Signature: _____	Club Secretary notified: Date: ___/___/___
Comments:		