

# PLAYER FINALS DISPENSATION FORM



**RUGBY**  
UNION SA

DETAILS OF PERSON SUBMITTING THIS FORM					
Name:		Email:			
Club:		Phone:			
Position:		Signature:		Date of Submission:	/ /

DETAILS OF PLAYER			
Name:		MyRugby ID	
Grade:		Phone:	
Dispensation Requested for:	Injury / Illness (circle one)	Number of games missed:	

FURTHER DETAILS FOR DISPENSATION REQUEST
<p><i>Please attach any supporting documentation signed by a qualified medical professional who monitored the player during their injury/illness. Any application without supporting documentation will not be accepted.</i></p>

HOW TO SUBMIT
<p>The person submitting this dispensation request form is required to <b>Complete</b> this document and <b>Submit (with supporting documentation)</b> to the Union by <b>COB Monday 19 August</b> (unless an extension is granted in the absolute discretion of the Finals Eligibility Committee) via:</p> <p><b>Email:</b> <a href="mailto:info@sarugby.com.au">info@sarugby.com.au</a></p> <p>Should you have any queries regarding this document, please contact SA Rugby Union on (08) 7070 6940.</p>