

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

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.

HOW TO SUBMIT

The person submitting this dispensation request form is required to **Complete** this document and **Submit (with supporting documentation)** to the Union by **COB Monday 31 August 2020** (unless an extension is granted in the absolute discretion of the Finals Eligibility Committee) via:

Email: info@sarugby.com.au

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