



## State Team Selection - Request for Dispensation

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Name: \_\_\_\_\_

TTQ ID# \_\_\_\_\_

Event or Events Unable to Attend:

Nature of Illness, injury or extenuating circumstances:

(please include date of onset or when situation became known and likely duration. For conflicting events, please detail the date of event, dates and any relevant travel arrangements)

Commitment to Qualifying (in the current year to date):

Tournaments played or to be played prior to National Championships:

Interstate or overseas events:

Local fixtures competed in:

Other training activities or events (eg. training squad, hubs...):

Documents supporting your application - please attach:

(eg medical certificate, copy of flight itinerary, examination time-table)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_