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| --- | --- |
| I  | (Name)  |
| Of  | (Address)  |
|  | (Date of Birth)  |
| Request an exemption from Southern Basketball Association Domestic Playing Policy for the Winter Season 2019.  |

REPRESENTATIVE PLAYER EXEMPTION REQUEST FORM

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| My reasons for requesting this exemption are:  |
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| Note: Valid reasons need to be based on specific commitments and/or workloads. The SBA CEO reserves the right to determine acceptable reasons.  |

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| Signed:  | Player  | Date  |
| Signed:  | Parent/Guardian | Date |
| Completed Forms should be returned to ceo@sabres.com.au or the SBA Front Office  |

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| Signed:  | Approved/Not Approved  | Date  |
| Player Advised  | Date  |