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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](mailto:ceo@sabres.com.au) or the SBA Front Office | | |

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