



Secretary: P O Box 15 318, New Lynn, Auckland

**Application for
Junior Dispensation to "Play Down"**

I request dispensation for _____ to play in the
_____ age group competition during the 20____ season.

Reasoning.

If dispensation is approved I/we understand he/she will not be eligible for
selection in any representative team for this age group.

Parent/Guardian Signature _____

Name (Please Print) _____

Date _____

**POST To:
AIHA
PO Box 15 318
New Lynn, Auckland**

Approved / Not Approved (please circle)

Signed On Behalf AIHA _____

Name / Position (Please Print) _____

Date _____