**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 58048, Botany, Auckland 2163

**Approved/Not Approved** *(circle)*

Signed on behalf of AIHA

Name (Please Print)

Date