



Request for Special Consideration

(must be completed by Club Official)

Team Information

Your Name: _____
Please print clearly

Name of Team: _____

Name of Comp: _____

Grade/Sect: _____ Mobile Phone Number: _____

Email Address: _____

Special Request

NOTES:

1. In accordance with By-law 6 (d) you may apply to play a qualified player from a lower grade team in your Club to be able to field a team of 8 players
2. The eighth player may only replace ill or injured player
3. Consideration will be given to the most qualified player (ie if a player has filled in for the finals team twice they will be considered more qualified than someone who has filled in once or not at all)

I wish to apply for special consideration for the following player/s to take part in the finals to:

- Take up the 7th position on court OR
 Take up the 8th position to take the court in the event of injury or illness only

Please list details of the player you wish to use to fill in:

Name:	Number of games already played for this team:
Player's usual team for which they're qualified:	Age/Section:
Other comment:	

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Player's usual team for which they're qualified:	Age/Section:
Other comment:	



Request for Special Consideration

My request is made due to the illness or injury of the following qualified players:

Please list:

Name:	Details of injury or illness:

Date: _____ Signed: _____

Please submit to FDNA via email to admin@fdna.com.au before 4pm the day prior to match.