

**Request for Special Consideration
(must be completed by Team Captain)**

Team Information

Your Name: _____
Please USE CAPITALS

Name of Team: _____

Name of Comp: _____

Grade/Sect: _____ Mobile Phone Number: _____

Email Address: _____

Special Request

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

- Take up the 7th position in the team or;*
 Take up the 8th position in the team as a substitute to be only used in the event of injury or illness.

(Please note that requests can only be made for players on your team list).

Please list name/s:

- | | |
|----------|------------------------------------|
| 1. _____ | No. of games already played: _____ |
| 2. _____ | No. of games already played: _____ |
| 3. _____ | No. of games already played: _____ |
| 4. _____ | No. of games already played: _____ |

My request is made due to the unavailability of the following qualified players:

Please list name/s:

- | | |
|----------|---------------------------|
| 1. _____ | Reason unavailable: _____ |
| 2. _____ | Reason unavailable: _____ |

Date: _____ Signed: _____

**Please submit to FDNA via email to competitions@fdna.com.au or deliver to Office Staff.
Queries to FDNA on 97765155.**