



APPLICATION FOR PLAYER DISPENSATION

CLUB:		PLAYERS NAME:	
HM PHONE:		MOBILE PHONE:	
ADDRESS:			
DATE OF BIRTH:		AGE AT DUE DATE:	
WEIGHT (kg):		CORRECT GRADE:	
		INTENDED GRADE:	
POSITION IN TEAM:			
PLAYING EXPERIENCE: (Last three years)			
REASONS FOR APPLICATION: Provide detail on player skills, personal circumstances, team/club issues etc.			
PLAYERS SIGNATURE:			
CLUB SECRETARY / DELEGATE SIGNATURE:			

**Please fax to the Rugby Operations,
NHRU Office on (09) 4472101**