

National Championship Dispensation Request Form

Please complete the below information and return to the Athletics NZ Competitions Team via email competitions@athletics.org.nz

The request will be submitted to the Athletics NZ National Championship Dispensation Panel. Once your request has been received you will be notified of the outcome within three working days.

Name of Event:	
Name of Competitor:	
Name of Club:	
Birth date:	
The Age of the competitor on the day of the event:	
The Age of the competitor on the 31 st December in the year of the event:	
Grade competitor is requesting to enter:	
Seasons Best Result - Include date and venue achieved:	
Personal Best Result (All Time) - Include date and venue achieved:	
Name of the person completing this request:	
Requestors contact details:	Email: Phone:

Please state the reason for this request and give any other supporting information you think would assist the Panel in making their decision; eg. athletes sporting ability/history: (Please attach additional page if required)

OFFICE USE ONLY

Athletics NZ Rule this application relates too:

Request received Date: _____

Response due from Panel _____ Response due to applicant _____

Approved

Stipulations or comments:

Declined

Comments:

Entered on register

Applicant advised