



APPLICATION TO PLAY DOWN ONE AGE GROUP

CLUB NAME	
PLAYER DETAILS	
Name	
FFA Number	
D.O.B	
COMPETITION DETAILS	
Eligible Age Group	
Requested Age Group	

Please ensure that you allow 10 working days for the application to be processed.

No application will be accepted without the supporting documentation.

No application will be accepted from parties other than a confirmed club official (e.g Club Secretary)

DECLARATION STATEMENT

In submitting this application, we request that Football West grant permission for the above-named player to play in a competition one year below the player's eligible age group. Attached is a letter from a medical practitioner or other medical professional who is qualified to provide evidence of physical, emotional or intellectual disadvantage.

Club Official;

_____	_____	_____
Print Name	Club Role	Signature

Parent or Guardian;

_____	_____
Print Name	Signature