

## SPECIAL DISPENSATION REQUEST FORM

CONTACT / ORGANIZATION INFORMATION	
<b>NAME:</b>	<b>SIGNATURE:</b>
<b>POSITION:</b>	
<b>CONTACT EMAIL:</b>	
<b>AFFILIATION NAME:</b>	
SPECIAL DISPENSATION DETAILS	
<b>SUBJECT OR NAME OF SPECIAL DISPENSATION:</b>	
<b>CURRENT TEXT OF EXISTING OPERATIONAL PROCEDURE (IF APPLICABLE):</b>	
<b>SPECIAL DISPENSATION DETAILS BEING REQUESTED:</b>	
<b>REASON/RATIONALE:</b>	
ONTARIO SOCCER OFFICE USE ONLY	
<b>SUBJECT MATTER REVIEW GROUP:</b>	
<b>REQUEST:</b>	
<input type="checkbox"/> DENIED <input type="checkbox"/> GRANTED	



Play. Inspire. Unite.



**NOTES:**

**ONTARIO SOCCER DEPARTMENT:**

**DEPARTMENT DIRECTOR SIGN OFF:**

**CHIEF EXECUTIVE OFFICER SIGN OFF:**

**DATE:**



Play. Inspire. Unite.

