

TABLE TENNIS VICTORIA

By-Law 10 – Regulation 13

APPLICATION TO STATE SELECTION PANEL FOR EXEMPTION FROM STATE TEAM ELIGIBILITY CRITERIA

Return to TTV via email, fax or mail

| NAME: | |
|---|----------------|
| ADDRESS: | |
| PHONE: | |
| EMAIL: | |
| | |
| I make application to the State Selection Panel for an exemption from the eligibility criteria regulation 9 of By-Law 10 [State Teams] — namely the minimum number of tournaments replayed in a selection period. | |
| I acknowledge that this form must be submitted to the State Selection Panel as soon as practor at the end of the relevant selection cycle. | cicable before |
| AGE CATEGORY RELEVANT TO EXEMPTION SOUGHT: | |
| BRIEF REASONS WHY ATHLETE DID NOT MEET ELIGIBILITY CRITERIA: | |
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| | |
| | |
| Please provide supporting documentation where possible. | |
| SIGNED: DATE: | |