



By-Law 10 – Regulation 13

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

Return to TTV via email: ttvselectors@gmail.com

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I make application to the State Selection Panel for an exemption from the eligibility criteria as set out in regulation 9 of By-Law 10 [State Teams] – namely the minimum number of tournaments required to be played in a selection period.

I acknowledge that this form must be submitted to the State Selection Panel as soon as practicable before or at the end of the relevant selection cycle.

AGE CATEGORY RELEVANT TO EXEMPTION SOUGHT: _____

BRIEF REASONS WHY ATHLETE DID NOT MEET ELIGIBILITY CRITERIA:

Please provide supporting documentation where possible.

SIGNED: _____

DATE: _____