WEST GLAMORGAN JUNIOR A.F.L.

DISPENSATION REQUEST FORM - 2025/26

FULL TEAM NAME (including colour or identifier name)	AGE GROUP

MATCH DATE DISPENSATION IS REQUIRED:	DAY / MONTH / YEAR

CURRENT MATCH FIXTURE DETAILS	
(please tick)	(if scheduled on COMET, please provide details)
☐ LEAGUE GAME ☐ CUP GAME* ☐ NOT SCHEDULED	HOME TEAM V AWAY TEAM

REASON FOR DISPENSATION REQUEST

SIGNED: _____ **DATE:** _____

(Club Secretary)

- Request must be with the League Secretary fourteen (14) days prior to the required dispensation date.
- Request must come from the Club Secretary on this completed form, or via our dispensation website (www.wgjfl.co.uk/dispensation).
- The league committee reserves the right to grant or deny all requests.

* Dispensation Requests for Cup Semi-Final and/or Cup Final Ties will automatically be denied.