



WEST GLAMORGAN JUNIOR A.F.L.

DISPENSATION REQUEST FORM - 2026/27

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

MATCH DATE DISPENSATION IS REQUIRED:	DAY / MONTH / YEAR
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CURRENT MATCH FIXTURE DETAILS	
(please tick)	(if scheduled on COMET, please provide details)
☐ LEAGUE GAME	HOME TEAM
☐ CUP GAME*	v
☐ NOT SCHEDULED	AWAY TEAM

REASON FOR DISPENSATION REQUEST

SIGNED: _____
(Club Secretary)

DATE: _____

- 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.