

Dispensation Application

Registration number.:	Team number:	Tournament year:
Club:	Class:	

Name of Player:	Date of birth, YY,MM,DD
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Reason for application:

Name of team leader:
Email of team leader:
Telephone of team leader:
Signature of team leader:
Date of application, YY, MM, DD:

To be filled out by Gothia Cup

Decision of application <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Motivation of decision:
Signature of Gothia Cup Official:
Date of decision, YY, MM, DD:
Gothia Cup stamp: