

SPECIAL DISPENSATION REQUEST FORM

CONTACT / ORGANIZATION INFORMATION

NAME:

POSITION:

CONTACT EMAIL:

AFFILIATION NAME:

SPECIAL DISPENSATION DETAILS

SUBJECT OR NAME OF SPECIAL DISPENSATION:

CURRENT TEXT OF EXISTING OPERATIONAL PROCEDURE (IF APPLICABLE):

SPECIAL DISPENSATION DETAILS BEING REQUESTED:

REASON/RATIONALE:

ONTARIO SOCCER OFFICE USE ONLY

SUBJECT MATTER REVIEW GROUP:

REQUEST:

- DENIED
- GRANTED



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NOTES:

ONTARIO SOCCER DEPARTMENT:

DEPARTMENT DIRECTOR SIGN OFF:

CHIEF EXECUTIVE OFFICER SIGN OFF:

DATE:



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