

SPECIAL DISPENSATION REQUEST FORM

CONTACT / ORGANIZATION INFORMATION	
NAME:	SIGNATURE:
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: <input type="checkbox"/> DENIED <input type="checkbox"/> GRANTED	



NOTES:

ONTARIO SOCCER DEPARTMENT:

DEPARTMENT DIRECTOR SIGN OFF:

CHIEF EXECUTIVE OFFICER SIGN OFF:

DATE:

