



## 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:

### DRSA OFFICE USE ONLY

SUBJECT MATTER REVIEW GROUP:

REQUEST:

DENIED

GRANTED

NOTES:

DATE:

\*Please send fully completed form to DRSA Executive Director, Michelle Loveless at [mloveless@durhamregionsoccer.ca](mailto:mloveless@durhamregionsoccer.ca)