



PBRFU JAB Application for Dispensation

Parent or guardian to complete:

Date: _____

Players details

First Name: _____ Surname: _____

Phone: _____ Date of Birth: ____ / ____ / _____

Club: _____ School: _____

Has this player been re-graded before? Yes No

Please state this player's previous playing experience: _____ grade/years

Name of person completing this form: _____

According to the PBRFU JAB Grading Policy, which grade should this player be participating in this season? Under: _____

What Grade do you seek this player be re-graded to? Under: _____

On what grounds is the re-grade sought (please attach any supporting information): _____

JAB Dispensation Group Decision: Approved (Subject to Viewing) / Not Approved/ Final Approval

Subject to: _____

Letter sent: _____ Approved (Subject to Viewing) / Not Approved/Final Approval

Follow up letter sent: _____ Final Approval / Not Approved

Signed: _____ Date _____

Any queries please contact Debs Quilter.

Phone: 06 8689968 or Email: debs@povertybayrugby.co.nz

FINAL APPROVAL: YES / NO