



HELLENIC CRICKET FEDERATION

Member of I.C.C.-Europe

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20-25 APRIL

Application for Special Dispensation - Under-Age

Player Information:

Full Name as per Passport:	
Date of Birth:	
Country of Birth:	
Nationality:	
School/Team Making the application:	

What warrants the player to qualify for Special Dispensation?

Please state the circumstances why this player should be considered as a case for Special Dispensation. Please give as much detail as possible (ie previous team experience and additional cricketing details).



This form should be signed by the guardian of the player otherwise the player will not be accepted.

THE GUARDIAN

THE PLAYER

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