**HELLENIC CRICKET FEDERATION**

Member of I.C.C.-Europe

26 KostaGeorgakiStr - 49100 Corfu/Greece

Tel/Fax.: +30 2661036560, e -mail:contact@cricket*.gr*

 **Hellenic Premier League T20 Senior**

**Corfu, 14th of October till 19th of October 2019**

***Application for Special Dispensation - Under-Age***

**Player Information:**

|  |  |
| --- | --- |
| Full Name as per Passport: |  |
| Date of Birth: |  |
| Country of Birth: |  |
| Nationality: |  |

|  |  |
| --- | --- |
| Country 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).

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

 ***THE GUARDIAN THE PLAYER***

***......................................... ..........................................* (NAME & SIGNATURE) (NAME & SIGNATURE)**