

SPECIAL REQUEST FORM



Team Name: _____

Competition (Please circle the appropriate box from each row below):

BURY	OLDHAM	STOCKPORT	WARRINGTON			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BOYS	GIRLS	MEN	WOMEN	MIXED		
BASKETBALL	NETBALL					

Age Group: _____

Division: _____

Special request: _____

Dates in question: _____

Reason for request: _____

No. of players affected: _____

Is the coach affected: YES / NO

Your name: _____

Relationship to team: _____

Signature: _____

Date: _____

PLEASE NOTE: Only requests that have been made on the official "Special request form" will be considered but no guarantee can be made that your request will be fulfilled. If your request hasn't been fulfilled and you still can't play the game you are fixtured for then please speak to a member to discuss other options that could avoid a walkover fine (a double game fee)