



SPECIAL REQUEST FORM

TEAM: _____

COMPETITION (Please Circle)

TUESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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MENS	LADIES	MIXED	JUNIORS
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AGE GROUP _____ GRADE _____

Special Request: _____

Dates required: _____

Reason for request: _____

How many players affected: _____ is coach affected: _____

Position held in TEAM: _____

SIGNATURE: _____ Date: _____

PLEASE NOTE: The only requests that will be considered are the ones that have filled out a "Special Request Form". There is no guarantee that all special requests will be fulfilled.

Email: comps@caseybasketball.com.au