





REQUEST TO BE EXCUSED FROM HARBOUR BASKETBALL 2013 REPRESENTATIVE TRIALS

Date:						
Players Name:						
Age Group:			Boys	Gir	ls	
DOB:						
To whom it may con	cern,					
I, Parent/Guardian) as Harbour Basketball I	k that you please	e excuse my son asketball Trials	daughter from on:	n participat	ing in the	
I am afraid that he/s	he is unable to tri					
I seek your unders considered for selec		proval of his/her	absence and	ask that	he/she s	still be
My contact details a	re:					
Name:			_			
Telephone:			_			
Email:			_			
Signature:			_			

Tele: 09 443-3854 Fax: 09 443-3298