 **Armidale District Football Association** 

**Request for player play back**

I hereby request that the following player…………………………………………………………

Be allowed to play back in the following team and age

Reason for playback request

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Signature Club Secretary/Registrar

………………………………………… Date………………………………………………..

Office Use: