COUNTRY BASKETBALL LEAGUE Player Exemption Form



SECTION 1: PLAYER REQUEST	
l,	[Block letters] of:
Street Address:	
Town/Suburb:	Postcode:
Request an exemption to the CBL Player Eli	gibility Rules to represent
	[Basketball Association]
Signed:	Dated:
SECTION 2: JUNIOR REPRESENTATIVE INF	FORMATION
I,	[Block letters] of:
	[Basketball Association]
certify that	[Player] represented our Association at a
junior level from	to
Signed:	Dated:
Position:	[Position held with Association]
This certificate must be signed by the Secrethe player is wishing to represent.	etary or President of the Association with which
INSTRUCTIONS:	
Send a copy of this form to Basketball Victo	oria Country: <u>sammy.cartwright@bvcc.net.au</u>
Basketball Victoria Country Office Use O	nly:
Motor	