

IMODEL REQUEST FOR SPECIAL DISPENSATION FORM

This form is for a special dispensation request made by a Registrant and submitted to the appropriate iModel Regional Council, for assessment and decision.
When completed, send this form to your District Association.

Contact Information of Registrant Requesting Special Dispensation									
Full Name:									
E-Mail:									
Phone:									
Registrant Status:	<input type="checkbox"/>	Administrator	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Match Official	<input type="checkbox"/>	Player/Parent	
Member Club:					Participant's Name:				
Team Name:					Age level: (i.e., U14 boys)				
Region:	<input type="checkbox"/>	Central	<input type="checkbox"/>	East	<input type="checkbox"/>	South	<input type="checkbox"/>	West	
Grounds for consideration of Special Dispensation									
<p><i>The registrant requesting special dispensation must provide clear details and explain why it is needed.</i></p> <p>Disagreement with the iModel rules is not a valid reason for consideration. Please ensure you have reviewed and understand all iModel League rules and Club registration details. Since this process is reviewed without a hearing, please attach all relevant information to this form.</p>									
Please check off boxes on the left before submitting this document:									
<input type="checkbox"/>	I/We have notified the Club and Team Head Coach that I am currently registered with								
<input type="checkbox"/>	I/We have reviewed the iModel rules								
<input type="checkbox"/>	I/We have reviewed the club registration and club /team rules								
<input type="checkbox"/>	I have an extraordinary circumstance needing consideration.								
<input type="checkbox"/>									
Special Dispensation Request Information									
What is the request for special dispensation:									
Date of Submission:									



Supporting Details

Please provide details that supports your request for special dispensation. You will not be able to resubmit any new details or a submission after this application is submitted. Additional pages may be attached.

Large empty rectangular area for providing supporting details.

Special Dispensation Check List

- 1. Complete this IModel Request Form.
- 2. Check off all boxes as required
- 3. Fill in supporting details for submission in their entirety.
- 4. Sign below

Signature: _____ Date: _____

For internal use only:

Request No: _____ Date received: _____

Approved:

Denied:



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