**PLAYER RELEASE REQUEST FORM**

**RELEASE – 2024 SENIOR STATE CUP**

**Once requests have been agreed upon by both associations forms are to be sent to:**

Vicki Padwick

PO Box 703

Cronulla NSW

2230

**Email**: [info@oztag.com.au](mailto:info@oztag.com.au)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLAYER NAME: |  | | | | ASSOCIATION |  | | |
| ADDRESS: |  | | | | REGO NO: |  | | |
| MOBILE: |  | | | | D/O/B: |  | | |
| E-MAIL: |  | | | | | | | |
| DIVISION NOMINATING FOR: | M 20 | M OP | M 30 |  | M 40 | M 45 | M 50 | M 55 |
|  | W OP | W 20 | W 27 | W37 | W47 | M 60 |  |  |
|  | MX OP | SNR MX | MX 20 |  |  |  |  |  |
|  | | | | | | | | |
| Association you are registered for: | | | | | | | | |
| Is your association entering a team in the above division? Y / N | | | | | | | | |
| Did you trial for this team? Y N | | | | | | | | |
| If No why didn’t you trial: | | | | | | | | |
|  | | | | | | | | |
| Were there any extenuating circumstances: ie injury/overseas | | | | | | | | |
| **Association Release - Co-ordinator Signature: (compulsory)** | | | | | | | | |
|  | | | | | | | | |
| PLAYERS POOL GUIDELINES | | | | | | | | |
| Once you submit the signed release form to AOSA you will be entered into the player’s pool. AO will advise of the Association you will be playing with. Players do not get to choose where they play. | | | | | | | | |
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**I am aware that AO will place me in a team and that I am not in a position to request the team that I am sent to.**