**Selection Exemption Pass Request – Midlands Adult Hockey Leagues**

You should submit one form for each player for whom a Pass is required.

Please use correct names (Surname & First Name) to identify individuals - do NOT use nicknames.

Please Complete all fields.

1. Date of Request:
2. Your E-mail address:

1. Club Details:
2. Name of the person submitting the SXP:
3. Your Club Role:

1. Which Team(s) is the SXP required for?:
2. Which Division(s) is the SXP required for?:
3. Player Details (Name of the Player that the club is seeking the SXP for)
   1. Players Surname:
   2. Players First Name:
4. Reason for this?

(Please describe in detail why the Player named in section 6 should be granted a Selection Exemption Pass by the ALDS/ALMC. This needs to be in sufficient detail that the ALDS/ALMC can consider this request without having to request further information from you, such as:

* 1. + Date(s) SXP required for.
  2. + number of appearances in each team in the season-to-date
  3. + duration of such appearances if a peripheral National League player
  4. + nature and duration of any injuries (including other team members, if that has necessitated a player playing down to provide cover)

a.

b.

c.

d.

1. Background information to support your SXP request
2. Club Acknowledgement

Please confirm that you have read and understood Fair Selection in the LEAGUE REGULATIONS and that this SXP is within the spirit of those Regulations.

See:

Section 8. PLAYER ELIGIBILITY - FAIR SELECTION

APPENDIX 4 – FAIR SELECTION & PLAYER ELIGIBILITY GUIDANCE NOTES

1. Yes, I understand the Regulations
2. We will respond by email with the decision of the ALDS/ALMC.

**For ALDS/ALMC Use Only**

1. ALDS/ALMC comments:

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1. ALDS/ALMC decision:

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