

Appendix 6 – Application for Dispensation Form



2015 Zonal Championships Dispensation form

This form is to be completed by swimmers seeking dispensation to compete at the 2015 Zonal Championship. Your request will be considered by your Zonal Selectors based on the information you have provided below. Please ensure that you have completed all of the relevant information and send through to your zonal contact. Relevant contact information can be found below.

Please complete in full the details below (Please PRINT)

| | |
|---------|--------|
| Name | |
| Address | |
| | |
| Email | |
| Club | |
| Zone | |
| Gender | M / F |
| Tel | (0) |
| Fax | (0) |
| Mobile | (02) |

Please describe why you are applying for dispensation:

Please detail your best performance in the last 12 months for consideration:

| | |
|----------------------|--|
| Stroke and Distance: | |
| Time & FINA Points: | |
| Event Name: | |
| Date: | |

| | | | | |
|---|--|---|---|---|
| Swimming New Zealand Daniel Pearce SNZ Events Manager PO Box 302 145 North Harbour Auckland Ph: 09 478 2916 events@swimmingnz.org.nz | Northern Zone - Northland - Auckland - Counties Manukau Sarah Thomas Ph: 021 553 233 sarah@akswim.co.nz | Central North Zone - Taranaki - Waikato - Bay of Plenty - Hawkes Bay Lisa Rowe Ph: 07 5481 722 centralswimmingaquaknights@gmail.com | Lower North Zone - Wellington - Wanganui - Manawatu - Wairarapa Henrietta Latham Ph: 04 560 0381 operations@swimwn.co.nz | South Zone - Nelson/Marlborough - Canterbury WC - Otago - Southland Amanda McLeod Ph: 03 686 3500 (ph) admin@swimcanterbury.org.nz |
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This document needs to be submitted to your zonal contact at least 2 weeks prior to the start of your zones selection event. A copy of this form must also be sent to events@swimmingnz.org.nz by the zonal contact