Parent / Carer Name:	
Parent / Carer Phone No:	Email:
Return Correspondence Address:	
Date of Submission:	
Player's Name:	
Player's Date of Birth:	
Player's FFA Number:	
Grade in which the player has bee	en placed:
Grade in which you believe the pl	ayer should be:
Reason you believe the player sho	ould be moved (up or down):
, , , ,	lower grade you believe could or should be moved to
Date Received by VP Football / Te	chnical Director of Coaching:
Decision by VP Football / Technic	al Director of Coaching:
Date parent(s) / carer(s) notified:	
VP Football Signature:	
Technical Director of Coaching Sig	nature:
Noted by President:	
Please note: If both of the above	positions are vacant, the decision rests with the Executive
Committee of Majura FC. This dis	oute form must be mailed to: Majura FC VP Football
	Vr ruuluaii

PO Box 449
Dickson ACT 2602