



NSW BASKETBALL ASSOCIATION LTD

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**BNSW COUNTRY TOUR PROGRAM
“SPECIAL CONSIDERATION” REQUEST FORM**

Athletes who are unable to attend the BNSW Country Tour Selection Trials but still wish to be considered for Tour Team Selection may apply for “special consideration” to allow them to be considered for selection.

Applying for “special consideration” does not mean that it will be automatically approved.

Each case is considered on its merits. The request **must** be made in writing on this form and supporting documentation provided (eg medical certificate). Verbal notification may be made by the athlete as a matter of courtesy, but unless the request is received in writing on this form, at the Basketball NSW office, prior to the trials session, the request will not be considered.

Athletes and parents should refer to the BNSW “special consideration” information sheet for more details.

I am unable to attend the 2007 Country Tour Trials. I wish to apply for “special consideration” that, if approved, would allow me to be considered for selection for the 2008 Tour Teams.

I have completed and included a Trial Application Form with this request, but have sent no trial payment.

Age Category Program (circle): U/14 U/15 U/16

Gender of Program (circle): Boys / Girls

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

HOME ASSOCIATION: _____

ATHLETE’S/PARENT’S CONTACT INFORMATION:

H: _____ W: _____

MOBILE: _____

EMAIL: _____

Reason for "special consideration" request (Please tick):

Injury Illness Overseas Family Commitment Other

****Please note – If you are injured you MUST STILL ATTEND the Trial Session**

Please give details of your reason(s):

Have you been selected as a representative basketball participant within any of the following programs:

Your Home Association Representative Team: Yes No

If yes, which team: _____

BNSW All Star Camp: Yes No

If yes, give age group and year of camp: _____

BNSW TAP Camp: Yes No

If yes, give age group and year of camp: _____

NSW Regional Academy of Sport (RAS) Basketball Program: Yes No

If yes, give age group, year & name of RAS: _____

BNSW Metro or Country Development Tour Team: Yes No

If yes, which team and year: _____

BNSW Metro or Country State Team Squad: Yes No

If yes, which team and year: _____

NSW NITCP Program Scholarship: Yes No

If yes, give year of scholarship: _____

Other representative basketball achievements (please list briefly):

Enclosed please find the following documentation supporting my request:

I submit this request for "special consideration" with the full understanding that it may not necessarily be approved by Basketball NSW.

Signature of Parent: _____ Date: _____

Signature of Athlete: _____ Date: _____

Please fax all documents immediately to BNSW at 9746 1457 then return original by mail to: BNSW Coaching Department, PO Box 198, Sydney markets. NSW 2129