

Carnival Team Selection

(Swimming, Cross Country, Athletics)



REQUEST FOR CONSIDERATION OF INCLUSION INTO AN INNER WEST ZONE PSSA TEAM

WSPSSA ZONE EVENT: _____

CARNIVAL DATE: _____

Student First Name: _____ Surname: _____

School: _____ Public School Date of Birth: _____

Specific event to be considered for: _____

Recent performances (e.g. time/distance/height) from this year or previous year's zone carnival or previous Sydney East carnivals:

Reason for request: _____

Medical certificate attached stating injury: YES NO

School Sports Organiser Signature: _____ Date: _____

or

Principal's Signature: _____ Date: _____

Comment: _____

Completed submission must be forwarded at least two school days prior to the date set for the WSPSSA carnival. Please consult selection policy for reasons acceptable for consideration:

SEND THIS FORM TO THE INNER WEST PSSA PRESIDENT

NB. There is no guarantee that an application will result in selection in the nominated team. Applicants will be notified by their school of the outcome of their request following the review by the IWPSSA Executive and the relevant convenor.