

Request for Exemption Form

Ontario Summer Development Program (OSDP)

For Member U	20
Parent Name:	
Cell Phone:	
E-mail Address:	
OSDP Region (Original):	OSDP Region (New):
Athlete Name:	
Describe Reason fo	Gender: F O M O Date of Birth: r Request for Exemption:
To be Complete	ed by Ontario Basketball Staff
Decision (including	grationale):
Ontario Basketball	Staff Signature:

Instructions for Making a Request

Please be aware that making a request not only affects your player but others as well. Utmost honesty must be used in presenting your case. Misrepresentation may result in disciplinary actions being taken under Ontario Basketball's Fair Play Policy. Please provide as much detail as possible.