



Petition for Seeding Protection

Player Information

Player's Name: _____

Player's association: _____

Last ITTF competition: _____

Last TT activity: _____ Date: _____

Last WR position: **Senior:** **U21:** **Junior:** **Cadet:**

Reason of Absence:

Injury | Pregnancy | Sickness

Detailed information: _____

You must submit request for special seeding within six (6) months after the player's last ITTF competition. Official medical certificate is required in all cases. Form must be sent to zbencsik@ittf.com.

Signature of NA and stamp *Date*

With my signature, I confirm that the above information is true and correct.

Name of the submitting person: _____

Position in national association: _____

Do not edit below this line

Ranking Group Approval (filled in by the ITTF ranking manager)

Approved
 Rejected

Comments: _____

Ranking Manager's Signature *Date*