



**THE POLOCROSSE ASSOCIATION OF AUSTRALIA INC.
PLAYER, COACH OR UMPIRE PROCEEDING OVERSEAS**

Members wishing to participate in Polocrosse activities overseas must complete this form and submit via their State Association at least 30 days prior to departure

NAME:

ADDRESS:

PHONE NO: **FAX NO:** **EMAIL:**

CLUB REGISTERED WITH: **MEMBERSHIP NUMBER:**

TRAVELLING FROM: **TO: (Destination)**

DATES OF OVERSEAS TRAVEL - FROM: **TO:**

REASON FOR VISIT/VENUE & CLUB OF POLOCROSSE ACTIVITY:

PLAYING HISTORY:

CURRENT GRADE PLAYED: **FROM:** **TO:**

ZONE/STATE REPRESENTATION:

AUSTRALIAN REPRESENTATION:

COACHING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: **DATE OF ACCREDITATION:** **NCAS NUMBER:**

RECOMMENDATION/COMMENTS:

.....
STATE COACHING DIRECTOR

.....
NATIONAL COACHING DIRECTOR

UMPIRING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: **DATE OF ACCREDITATION:** **NOAS NUMBER:**

RECOMMENDATION/COMMENTS:

.....
STATE CHIEF UMPIRE

.....
AUSTRALIAN CHIEF UMPIRE

APPLICANTS CERTIFICATION: *I declare that all of the above information is true and correct. I hereby acknowledge that the Polocrosse Australia Personal Accident Insurance only covers me if this Form is signed and endorsed by my State and National Associations.*

.....
PLAYERS SIGNATURE

.....
DATE

STATE/PAA RECOMMENDATION/COMMENTS:

.....
State President/Official

.....
Date

.....
Polocrosse Australia President/Official

.....
Date

Office Use: Polocrosse Australia to advise Marsh