



NEW ZEALAND POLOCROSSE COUNCIL (INC)



PLAYER, COACH OR UMPIRE PROCEEDING OVERSEAS

(This form must be completed and received by NZPC at least 21 days prior to departure)

NAME:

ADDRESS:

PHONE NO: **FAX NO:**

CLUB REGISTERED WITH:

OVERSEAS DESTINATION: **DATES:**

REASON FOR VISIT:

PLAYING HISTORY: GRADE PLAYED: FROM:

ASSOCIATION REPRESENTATION:

NATIONAL REPRESENTATION:

COACHING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: **DATE OF ACCREDITATION:**

.....
(NZ Coach Co-ordinator)

UMPIRING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: **DATE OF ACCREDITATION:**

.....
(NZ Chief Umpire)

APPLICANTS CERTIFICATION:

I declare that all of the above information I have given is true and correct.

.....
(Players signature)

.....
(Date)

New Zealand Polocrosse Recommendations/Comments

.....
.....

.....
President

.....
Date