



# Polocrosse Association Of New South Wales Incorporated

ABN 15 216 280 967

## NOMINATION FORM

### AUSTRALIAN JUNIOR CHAMPIONSHIPS (formerly Tri-States) ALBURY – 24-25-26 APRIL 2010 JUNIOR MIXED / SUB-JUNIOR OPEN

Please circle appropriate division

#### PLEASE COMPLETE THIS FORM IN BLACK PEN

Name .....

Address .....

.....P/CODE .....

Phone (0 ) ..... Fax ..... Mobile.....

Date of Birth ...../...../.....

Email Address .....@ .....

Registered Club .....Registered Zone .....

No of Years Playing .....Please list playing history .....

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.....

.....

Horses Name .....Preferred Position .....

Signature .....Date ...../...../.....

Parent/Guardian to sign if Under 18

**THE ORIGINAL COMPLETED FORM IS TO BE POSTED ONLY TO BE RECEIVED  
NO LATER THAN THURSDAY 10<sup>TH</sup> DECEMBER 2009**

It is the responsibility of the individual to ensure that their nomination form has been  
received by the State Office by the due date

**POST TO**

**State Executive Officer - NSWPA  
PO Box 8071 NUNDLE NSW 2340**

