



# POLOCROSSE ASSOCIATION OF NEW SOUTH WALES INCORPORATED

## APPLICATION FOR SELECTION

### NZ / NSW EXCHANGE PROGRAMME INTERMEDIATE (16-21 only) MIXED TEAM 2010 TOUR TO NZ March 2010 - (dates to be confirmed)

It is imperative that this application is completed by the applicant IN BLACK PEN and in their own handwriting and the ORIGINAL returned by the due date WITH A copy of your FULL Birth Certificate if not already on NSWPA files

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Date of Birth:     /     /     **MUST BE BETWEEN 16 - 21 YEARS OF AGE**

Preferred Position: \_\_\_\_\_ Horse Name: \_\_\_\_\_

Name and Address of Parent(s) or Care Providers (include phone/fax)

Zone Registered With: \_\_\_\_\_

Zone Selectors Name: \_\_\_\_\_

Zone Selectors Telephone: \_\_\_\_\_

Club Registered With: \_\_\_\_\_

School: \_\_\_\_\_

School Telephone: \_\_\_\_\_

School Facsimile: \_\_\_\_\_

Year: \_\_\_\_\_









9. All NSWPA members representing their State **MUST** be totally drug free and abide by the NSWPA Code of Behaviour. Do you agree with this? Yes/No

Would you be prepared to sign a contract that would bind you to acceptable codes of behaviour?  
Yes/No

Any player on the tour who involves themselves with tobacco, drugs or alcohol will be sent back to Australia on the first available plane.

Any other information that you think may assist your application.

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Name and full contact details of Two (2) Personal referees.

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Applicant Signature .....

Parent Guardian Signature .....

**The ORIGINAL form is to be POSTED to be received by  
5.00pm on WEDNESDAY 30<sup>TH</sup> SEPTEMBER 2009 to**

**STATE EXECUTIVE OFFICER  
NSWPA  
PO Box 8071 NUNDLE NSW 2340**