



# NSW POLOCROSSE ASSOCIATION NOMINATION FORM

## PROPOSED SENIOR MIXED TEAM 2010 TOUR TO NZ Feb/March 2010 (dates to be confirmed)

### **PLEASE COMPLETE THIS FORM IN BLACK INK**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_  
Registered Club \_\_\_\_\_ Registered Zone \_\_\_\_\_  
No of Years Playing \_\_\_\_\_ Preferred Position \_\_\_\_\_

#### **Please list playing history**

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\_\_\_\_\_

Horses Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian if Under 18

**COMPLETED ORIGINAL FORM IS TO BE RECEIVED BY POST ONLY TO THIS OFFICE NO LATER THAN 5.00pm on Wednesday 30<sup>th</sup> September 2009**

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

**Phone: 0412 597789  
Fax: 02 9012 0398  
Email : seo@nswpolocrosse.com.au**