



### **PLAYER TRAVELLING OVERSEAS FORM**

American Polocrosse Association hereby informs the International Polocrosse council of the intention of the following player to travel abroad to participate in the sport of Polocrosse.

NAME:

AGE:

HANDICAP OR GRADE:

DURATION OF VISIT:

HOME CLUB:

HOSTING COUNTRY & CLUB:

LEVEL OR GRADE OF UMPIRE:

TOURNAMENTS TO BE ATTENDED WHILE VISITING:

NAME & CONTACT DETAILS OF HOSTS:

PERSONAL TRAVEL INSURANCE:

MEDICAL AID DETAILS:

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PRESIDENT / SECRETARY OF ASSOCIATION

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DATE

I hereby confirm the above player is in good standing with the American Polocrosse Association