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| ***President:* Richard Heyneman**PO Box 111B, Oakbank, SA 5243Mob: 0407 677 899 e: thefloatcentre@yahoo.com.au | **The Polocrosse Association****of****South Australia Inc.** |  |

5/09/2022

**Player Funding Application**

I ………………………………….. have been selected to participate in a State scheduled event and wish to apply for the State Player Travel Assistance.

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| **( ) Australian Representation** | **( ) Australian Polocrosse Nationals** | **( ) Barastock State Series** |
| **( ) Adelaide Royal Show** | **( ) Albury Junior Classic** | **( )** …………………………………….. |

**Please Tick Appropriate Box**

**Will You be Travelling with Horses?**

**( ) Yes ( ) No**

**If Yes, home Address -** …………………………………………………………………………………..

As a representative of the Polocrosse Association of South Australia, I would like to remind you of the **Polocrosse Australia, Polocrosse Rules 2019, Code of Behaviour** and expect that at all times throughout this event you will uphold this Code of Behaviour.

On behalf of everyone involved in polocrosse in South Australia, I wish you every success and hope you take away great memories from the event.

Kind regards and best wishes

**PASA President**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the Code of Behaviour and agree that I will uphold these behaviours. I understand that should I be in breach of these behaviours that I may be subject to disciplinary action and forfeiture of funding.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guardians Signature if under 18 years of age)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To enable PASA to process the payment accordingly, can you please complete your details below and return to Emma Schulz, PASA Treasurer via email: poloxsa.treasurer@gmail.com no later than one week prior to event date. Should your form not be received by this date, your payment will be invalid. Payment will be made within 5 working days of the completion of the event.

Bank Details

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

BSB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_