



New Zealand Selector Application Form

January 2010

SQUADS APPLYING FOR (circle one): Senior Men Senior Women

APPLICANT DETAILS:

Name: Email:

Postal Address:

Phone: Mobile:

Region: Club:

PREVIOUS SELECTION EXPERIENCE:

BRIEF RELEVANT HISTORY (playing / coaching, etc.):

I consent to the information on this form being used by the New Zealand Canoe Polo Association and its Regions to compile mailing lists and other data which may be distributed to competition organisers, funding bodies, sponsors and parent bodies of the New Zealand Canoe Polo Association and its Regions. I acknowledge my right to access to this information. This consent is given in accordance with the Privacy Act 1993.

I agree to abide by the relevant clauses in the Selection Guidelines.

Signed: Date:

Applications to be returned to the Executive Director at the address below or by email to mareeburnett@paradise.net.nz

NEW ZEALAND CANOE POLO ASSOCIATION • PO BOX 14040 CHRISTCHURCH

www.canoepolonz.org.nz