

ANNEX E - CV FORM

Sections 1 and 2 must be completed. Completed forms must be sent to the SAPA Office on sarahjane@sapolo.co.za 083 289 0045

SECTION 1:

To be completed by all players coming from abroad and by all polocrosse, polo players, or returning players who have been allotted a SAPA handicap.

NAME DATE OF BIRTH.....

NATIONALITY

PASSPORT NUMBER

CURRENT ADDRESS IN SA

CELL EMAIL

CURRENT HIGHEST REGISTERED HANDICAP IN THE WORLD IN (Country)

2023

2022

2021

STIPULATE OTHER COUNTRIES YOU PLAYED POLO and YOUR HANDICAP IN THAT COUNTRY:

COUNTRY H/CAP

COUNTRY H/CAP

COUNTRY H/CAP

IF APPLICABLE, WHAT WAS YOUR LAST REGISTERED SAPA H/CAP IN (Year)

I believe that the facts stated on this CV form are true and understood that:

- a) I am not allowed to play in any tournament in South Africa until this form has been stamped and returned to me or my club
- b) It should be available as proof of my handicap to clubs who should not accept entries for tournaments from players
- c) Any CV's that are found to be incorrect will normally result in disciplinary action being taken against the individual and/or club concerned and the team concerned being banned or disqualified from the tournament.
- d) My membership fees to SAPA are fully paid up before playing in any tournament.

Signature of Applicant Date

SECTION 2:

To be completed by a SAPA Registered Club Official

I can confirm that the above player is a member of the club, has completed the SAPA declaration form and has paid the SAPA Membership fees. To the best of my knowledge the information is correct.

Club's handicap recommendation Date Club

Signature Name

SECTION 3:

To be completed by SAPA

Agreed SAPA Handicap SAPA Signature Date