



APPROVED POLOCROSSE GROUNDS

Club	
Name	
Address	
Suburb	
State	
Post Code	

Practice Ground - To be endorsed by Zone Chief Umpire.

Playing Ground - To be endorsed by State Director of Umpiring or their nominated delegate.

I certify that I have checked the abovementioned Ground and it is approved for use as indicated.

Name	
Role	
Signature	
Date	

- The State Association is to keep this document; and
- To advise the Polocrosse Association of Australia prior to the ground being used.