**SOCIETY LETTERHEAD**

**REFEREE APPLICATION FOR PERMISSION TO REFEREE OUTSIDE SOCIETY BORDER - LOCAL**

*This form should be completed by the referee and mailed to Society Chairperson BEFORE the planned visit*

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIETY:** |  | | |
| **NAME OF REFEREE:** |  | | |
| **REFEREE LEVEL:** |  | | |
| **BOKSMART NUMBER AND EXPIRE DATE:** |  | | |
| **VISITING SOCIETY:** |  | | |
| **DATE OF PROPOSED VISIT:** |  | | |
| **FROM:** |  | **TO**: |  |
| **NAME OF** **ORGANISER AT VISITING SOCIETY:** | | |  |
| **CONTACT DETAILS OF ORGANISER** | | |  |
| **MATCHES TO BE REFEREED (IF AVAILABLE AT TIME OF COMPLETION OF FORM):** | | |  |
| **REFEREE SIGNATURE:** | | |  |
| **DATE:** | | |  |
| **PERMISSION IS HEREBY GRANTED BY CHAIRPERSON** | | |  |
| **CHAIRPERSON SIGNATURE:** | | |  |
| **DATE:** | | |  |

**SOCIETY LETTERHEAD**

**SOCIETY APPROVAL FOR EXCHANGE REFEREE FROM ANOTHER SOCIETY**

*Both Chairpersons of relevant Societies should complete this form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME SOCIETY:** |  | | |
| **NAME OF REFEREE:** |  | | |
| **REFEREE LEVEL:** |  | | |
| **BOKSMART NUMBER AND EXPIRE DATE** |  | | |
| **VISITING SOCIETY:** |  | | |
| **DATE OF PROPOSED VISIT:** |  | | |
| **FROM:** |  | **TO**: |  |
| **NAME ORGANISER:** | | |  |
| **CONTACT DETAIL OF ORGANISER:** | | |  |
| **MATCHES TO BE REFEREED (IF AVAILABLE AT TIME OF COMPLETION OF FORM):** | | |  |
| **SIGNATURE HOME SOCIETY CHAIRPERSON:** | | |  |
| **DATE:** | | |  |
| **PERMISSION IS HEREBY GRANTED BY CHAIRPERSON OF VISITING SOCIETY** | | |  |
| **HOSTING CHAIRPERSON SIGNATURE:** | | |  |
| **DATE:** | | |  |

SOCIETY LETTERHEAD

**NOTIFICATION TO SARRA FOR ABROAD EXCHANGE**

*This form should be completed by the Society Chairperson and mailed to Lettie Coetzee (*[*lettiec@sarugby.co.za*](mailto:lettiec@sarugby.co.za)*) at least one month prior to planned exchange*

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIETY:** |  | | |
| **NAME OF REFEREE:** |  | | |
| **REFEREE LEVEL:** |  | | |
| **BOKSMART NUMBER AND EXPIRE DATE** |  | | |
| **VISITING COUNTRY:** |  | | |
| **VISITING SOCIETY:** |  | | |
| **DATE OF PROPOSED VISIT** |  | | |
| **FROM:** |  | **TO**: |  |
| **NAME ORGANISER:** | | |  |
| **CONTACT DETAILS OF ORGANISER** | | |  |
| **MATCHES TO BE REFEREED (IF AVAILABLE AT TIME OF COMPLETION OF FORM):** | | |  |
| **SOCIETY CHAIRPERSONS SIGNATURE:** | | |  |
| **DATE:** | | |  |
| **SARRA CHAIRPERSON SIGNATURE:** | | |  |
| **DATE:** | | |  |

**SOCIETY LETTERHEAD**

**NOTIFICATION TO SARRA TO HOST INCOMING ABROAD REFREE/S**

*This form should be completed by the Society Chairperson and mailed to Lettie Coetzee at (*[*lettiec@sarugby.co.za*](mailto:lettiec@sarugby.co.za)*) at least one month prior to planned exchange*

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIETY:** |  | | |
| **COUNTRY:** |  | | |
| **NAME OF REFEREE:** |  | | |
| **REFEREE LEVEL:** |  | | |
| **BOKSMART OR SIMILAR ACCREDITATION** |  | | |
| **DATE OF PROPOSED VISIT** |  | | |
| **FROM:** |  | **TO**: |  |
| **NAME AND ADDRESS OF** **ORGANISER:** | | |  |
| **NAME AND ADDRESS OF CONTACT (IF AVAILABLE):** | | |  |
| **MATCHES TO BE REFEREED (IF AVAILABLE AT TIME OF COMPLETION OF FORM):** | | |  |
| **SOCIETY CHAIRPERSONS SIGNATURE:** | | |  |
| **DATE:** | | |  |
| **SARRA CHAIRPERSON SIGNATURE:** | | |  |
| **DATE:** | | |  |