**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**) 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**) 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:**  |  |