## CENTRAL NORTH RUGBY UNION THIRD GRADE SANCTIONING FORM June 2015

Zone Approval required prior to submission to Gow Gates and NSWCRU



GOW-GATES INSURANCE BROKERS PTY LTD (A.B.N. 12 000 837 785)

Level 8 491 Kent Street SYDNEY N.S.W. 2000 GPO Box 4731 SYDNEY N.S.W. 1044

 Phone:
 02 8267 9999

 Fax:
 02 8267 9998

 E-mail:
 rugbyins@gowgates.com.au

## ARU Sports Injury and Public Liability Insurance Special Event Application

Please ensure that you complete and return this form 7-14 days prior to event

Event Name:					
Organiser:					
Contact Name:					,
Phone	AH:	E	BH:	FAX:	
Email:					
Address:					
<u>Event Details:</u> Location of Event:		·····			
Type of Competition	: <del>7 a side</del>	<del>10-a side</del>	15 a side	Senior	<del>Junior</del>
Max No. of Games:			Age Group	of Players:	
Number of Players who are Current Registered Players with the ARU:					
Number of Players who are <u>NOT</u> Current Registered Players with the ARU:**					
** Please complete	attached list o	f players			
Start Date: PLEASE AME	ND ANY INFO	RMATION ABO	Finish Date		OR OMITTED
Signature:		Date:	Signed by (I	name)	
STATE UNION APPROVAL (name of union):					
Signature:		Date:	Signed by (I	name)	
Please forward this form to: Gow-Gates Insurance Brokers Pty Ltd GPO Box 4731 SYDNEY NSW 2001					
<u>IMPORTANT NOTE:</u> <u>No cover is in place</u> agreed, you will be n			eed to the co	ver. Once co	nfirmation has been
Advice to all CNRU Clubs as at June 2015					

In cases of "3rd Grade Matches" NSWRU and Gow-Gates are prepared to accept the above Special Event Application form. All other Special Events will require the submission of the detailed application