

TENNIS NEW ZEALAND SENIORS



APPLICATION FOR NATIONAL SELECTION

PLEASE REFER TO THE TENNIS NEW ZELAND SENIORS "SELECTION POLICY" on TNZS website www.tennisseniors.kiwi and click on "Forms"

	,	YOUR DETAILS					
First Name		Surname					
Postal Address							
Suburb	City			Postcode			
Date of Birth	Email Ad	dress					
Home Phone	Work Pho	one	Mobile				
Current IPIN Number		Configure Ranki	ng Code				
Affiliated TNZ Club at the time of application & ITF Seniors World Event							
NZ Seniors Club Member at the ti	me of appli	ication & ITF Seniors Wor	ld Event	Passport At	tached		
				Yes	No		
	RECENT I	TF OR LOCAL RESULTS					
If you are a Non Resident Player (Ex Pat) please refer to Point 2 & 3 of the Selection Policy, "Selection Eligibility" & "Selection Criteria" and provide evidence of recent ITF or local results against ITF ranked players to satisfy application rules.							
If you do not have a Tennis NZ Configure Ranking , you will need to provide evidence of recent singles and doubles competition matches including opposition names, event name and dates and game results. Please include ITF Events and events not in Configure Ranking.							
Event Date /	/	Singles or Doubles Partne	er	Result			

ITF EVENT/S ENTERING								
Please enter the ITF Event/s, Date and Location you are seeking selection for.								
ITF Event	Date	Location		Age Group				
	/ /							
	/ /							
TENNIS REFERENCE								
If not currently known by Tennis NZ Seniors Selectors, please supply the name of a resident tennis player known to TNZS who can provide a reference to your tennis standard and playing background.								
NAME		CONTACT P	HONE					
		J L						
OBLIGATION								
I understand all of my obligations as a selected player and will commit, as a selected team member to comply with the requirements noted in Paragraph 6. of the Tennis NZ Seniors Selection Policy.								
SIGNED		DA	TE					
			/	/				
CLUB SECRETARY'S SIGNATURE								
Please have your Club Secreta	ry sign off on your a	pplication						
SIGNED		DA	TE					
RETURN FORM TO								
Tennis New Zealand Seniors, P O Box 31 714, Milford, Auckland 0741								
Or:	Email form to:	tnzseniors@:	xtra.co.nz					
RETURN BEFORE THE CU	T-OFF DATE SPECI	FIED ON THE	TENNIS NZ SENIO	RS WEBSITE				