

2010 REPRESENTATIVE MANAGER NOMINATION FORM

Name:

Address:

Email:.....

Mobile No: Home No:

Club: Date of Birth:.....

Please briefly list previous management experience

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Please briefly state why you would make the best manager

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I have read and agree to follow the Coaches Code of Conduct set by Hockey QLD.

Signature of Manager.....

DATE:/...../.....

2010 CALENDAR

Open Men—Brisbane
May 1-3rd

Prem W—Townsville
May 1-3rd

Under 18 M—GCHA
Sept 23-26th

Under 18 W—Bris
Sept 23-26th

Under 15 B—SCoast
July 5th-9th

Under 15 G- Tweed
July 5th-9th

Under 13 B—Rockie
June 28- July 9

Under 13 G—Atherton
June 28- July 9

U11 B & G-Downey Park
Aug 1st

Gold Coast Hockey

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**Gold Coast Hockey
Association Inc.**