

2011 REPRESENTATIVE NOMINATION FORM

NAME:.....
ADDRESS:.....
EMAIL:.....
MOBILE NUMBER:.....
HOME PHONE:CLUB:.....
Date of Birth:.....Preferred playing position.....

****NOTE: All Junior players must nominate for their own age group first.****

- | | | |
|--------|-----------------------------------|---|
| Girls: | Under 11 <input type="checkbox"/> | Boys: Under 11 <input type="checkbox"/> |
| | Under 13 <input type="checkbox"/> | Under 13 <input type="checkbox"/> |
| | Under 15 <input type="checkbox"/> | Under 15 <input type="checkbox"/> |
| Women: | Under 18 <input type="checkbox"/> | Men: Under 18 <input type="checkbox"/> |
| | Seniors <input type="checkbox"/> | Seniors <input type="checkbox"/> |
| | Masters <input type="checkbox"/> | Masters <input type="checkbox"/> |

Availability for selection to umpire at _____ Championships

Signature of Player.....
Signature of Guardian (if player U18).....
Name: (Guardian)
Date:..... / / 2011

2011 Calendar

- Open Men-Brisbane
- Prem W-Brisbane
- Under 18M-Toowoomba
- Under 18W-Townsville
- Under 15B-Mackay
July 4th-8th
- Under 15G-Maryborough
July 4th-8th
- Under 13B-Hervey Bay
June 27th-July 1st
- Under 13G-Gympie
June 27th-July 1st
- Under 11-Brisbane
August 7th

Gold Coast Hockey

PO Box 174
Southport
Qld 4215
Phone: 55712244
Fax: 55712260

Email: admin@goldcoasthockey.com

Office Use Only: Nomination Fee received: Cash / Cheque

Amount: \$

Date Received: Received by:

