



REGISTRATION FORM - 2012 PRIMARY SCHOOLS SUMMER HOOKIN2HOCKEY HOLIDAY CLINICS



PARTICIPANT REGISTRATION INFORMATION

Name		Date of Birth	
Street Address		Suburb, Postcode	
Phone (h)		Parents Phone (m)	
Email Address	<i>(Essential as additional information will be sent to this email address)</i>		
Club		School	
Medical Conditions			

CLINIC DETAILS

I wish to register for the following 2012 Primary Schools Summer Hookin2Hockey Holiday Clinic session/s

<input type="checkbox"/> ½ Day - Wed 18 th Jan 2012 - \$15 <input type="checkbox"/> Full Day - Wed 18 th Jan 2012 - \$30 <input type="checkbox"/> Two Days - 18 th & 19th Jan - \$50	<input type="checkbox"/> ½ Day - Thu 19 th Jan 2012 - \$15 <input type="checkbox"/> Full Day - Thu 19 th Jan 2012 - \$30
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PARENT/GUARDIAN CONTACT DETAILS

Name	Daytime Phone Contact
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PARENT/GUARDIAN PERMISSION STATEMENT

I give permission for my child to participate in the 2012 Primary Schools Summer Hookin2Hockey Holiday Clinic to be held at St Leonards Hockey Centre during January 2012.

Parent Signature	Date
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HOW TO PAY



Direct Bank Deposit
 Account Name: **Hockey Tasmania Inc.**
 BSB: **067-028**
 Account Number: **2801 1822**
 Quote Reference #: **LtnHols_Your Surname**

Send confirming email to accounts@hockeytas.com.au



Cheque by Mail
 Send this form with your cheque made payable to **Hockey Tasmania Inc** to; PO Box 193, Riverside, 7250



Credit & Debit Card Payments

Credit & Debit Card Payments will be accepted on the day
OR



Complete the Credit Card details below and post to;

PO Box 193, Riverside, 7250
OR



Scan and email to andrew@hockeytas.com.au



Amount Paid: \$

Card Holders Name:

Card Number:

Signature:

Expiry Date: /