

# Sunshine Coast Hockey Association

## LATE PLAYER REGISTRATION FORM FOR YEAR 2012

Club: \_\_\_\_\_

Please complete ALL details.

**Use this form for players who join after lodgment of Initial Team Registration Sheet.**

**This form to be completed and forwarded to: SCHA Administration Office.  
Note: Registration Form must be received no later than Monday 12noon.**

**ALL DETAILS MUST BE COMPLETED.**

**If not, Registration will be invalid.**

TEAM NAME & GRADE	
SURNAME	
FIRST NAME	
SEX	MALE / FEMALE Please circle
BIRTHDATE	/ /
EMAIL ADDRESS	
STREET ADDRESS	
SUBURB	
POSTCODE	
HOME PHONE NUMBER	
MOBILE PHONE NUMBER	

I certify that the above information is true and correct:

\_\_\_\_\_

Signature of Club Secretary/Delegate

\_\_\_\_\_

Printed Name of Club Secretary/Delegate

Date: / /

OFFICE USE:	Signed:	Copy to Club: YES/NO
Date received:		