SCHA – REPRESENTATIVE TEAM PLAYER NOMINATION FORM 2011

(Please print clearly) **PLEASE COMPLETE ALL SECTIONS**

Name:	**Date of Birth:**
Address:	
Email:	
Phone No:	**Club:**
Preferred Playing Position:	
Other Positions:	

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

Girls:	Under 11	☐	**Boys:**	Under 11	☐
	Under 13	☐		Under 13	☐
	Under 15	☐		Under 15	☐

WOMEN:	U18	☐	OPENS	☐	VETS	☐
MEN:	U18	☐	PREMIER LEAUGE	☐	VETS	☐

Availability for Selection to compete at the following Championships:-

a) Wide Bay Zone Championships	Yes	☐	No	☐
b) Southern Cross Carnivals	Yes	☐	No	☐
c) State Championships	Yes	☐	No	☐

PLEASE NOTE: Upon selection in a SCHA team for State Championships players will be required to pay a $50 non-refundable fee. This fee will come off Championship costs.

Signature of Player	**Signature of Guardian (if player Under 18)**

DATE:

Please return this form to the office:

F: 5445 8990

E: suncoasthockey2@bigpond.com

P: PO Box 375, BUDERIM Q 4556