



Sunshine Coast Hockey Association Inc

ABN 89 942 594 714

SCHA NOMINATION FOR REPRESENTATIVE TEAM OFFICIAL PLEASE COMPLETE ALL SECTIONS

I wish to apply for the following position/s for the current season:-

COACH Minimum current Hockey Australia Accreditation
(Community, Beginner or Higher)

MANAGER Minimum current First Aid recommended

UMPIRE **SELECTOR**

GIRLS: U11 U13 U15
BOYS: U11 U13 U15

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

NAME:		CLUB:	
ADDRESS:		PHONE:	(H) (M)
EMAIL:			

List Qualifications:

List Experience:

DO YOU HAVE A BLUE CARD? YES NO Please attach copy of your Blue Card to application.
(All SCHA Officials must have a current Blue Card)

SIGNATURE:		DATE:	
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Please send to: SUNSHINE COAST HOCKEY ASSOCIATION
PO BOX 375
BUDERIM Q 4556
FAX: 07 5445 8990