



DUAL REGISTRATION FORM 2009

1. The applicant is responsible for making the initial application to the relevant Primary Association.
2. Once approved, the applicant is then responsible for making application to the relevant Secondary Association.
3. Should either Primary or Secondary Associations choose not to accept the application, they must immediately advise Hockey Queensland in writing, stating clearly their grounds for non-acceptance. The applicant must also be advised of this action by the non-consenting Association, so that the applicant and/or consenting Association has the opportunity to also submit advice to Hockey Queensland.
4. Upon receipt of such advice, Hockey Queensland will make a determination and advise the relevant parties (hard copy approvals by request).
5. Dual registration is valid only for the calendar year in which the application is approved.
6. The Secondary Association retains the right to levy or not levy a fee for the approved applicant. (Hockey Queensland only requires the initial registration fee from the Primary Association).
7. Official person signing must indicate position held in Association/Club.

NOTIFICATION OF DUAL REGISTRATION 2009

APPLICANT:

FIRST NAME:

SURNAME:

SIGNATURE:

DATE:

PRIMARY ASSOCIATION

ASSOCIATION:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

PRIMARY CLUB:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

SECONDARY ASSOCIATION

ASSOCIATION:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

SECONDARY CLUB:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

The applicant aforementioned wishes to formally apply for dual registration with the above Associations.

The applicant agrees that the Primary Association has the right of first refusal for selection in any Representative Teams, and subject to any agreement to the contrary (such agreement must be annexed hereto), agrees that his/her first priority will be with the Primary Association.

Return this form to:

Competitions Supervisor
 Hockey Queensland
 PO Box 246, Morningside Qld 4170
 Or Fax to: 07 3399 6969
 Or Email to: jhartin@hockeyqld.com.au

OFFICE USE ONLY

APPROVED

/ /2009

HQ SIGNATURE

ADVISED PRIMARY:

NOT APPROVED

/ /2009

ADVISED SECONDARY: