

Sunshine Coast Hockey Association

LATE PLAYER REGISTRATION FORM FOR YEAR 2010

Club: _____ Please complete ALL details.

Team Name & Grade	Surname	First Name	Sex	Birthdate	Street Address	Suburb	Postcode	Telephone Home	Mobile Phone

I Certify that the above information is true and correct:

Signature of Club Secretary/Delegate

Printed Name of Club Secretary/Delegate

Date: _____

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.

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