

SCHA – REPRESENTATIVE TEAM NOMINATION FORM 2009

(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	<input type="checkbox"/>	Boys:	Under 11	<input type="checkbox"/>
	Under 13	<input type="checkbox"/>		Under 13	<input type="checkbox"/>
	Under 15	<input type="checkbox"/>		Under 15	<input type="checkbox"/>
Women:	Under 18	<input type="checkbox"/>	Men:	Under 18	<input type="checkbox"/>
	Seniors	<input type="checkbox"/>		Seniors	<input type="checkbox"/>
	Veterans	<input type="checkbox"/>		Veterans	<input type="checkbox"/>

Availability for Selection to compete at the following Championships:-

a) Wide Bay Zone Championships	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Southern Cross Carnivals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) State Championships	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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: suncoasthockey@bigpond.com

P: PO Box 375, BUDERIM Q 4556