Lower Great Souther PO Box 39 Albany	rn Hockey Association WA 6330	Email: Phone:	do@lgshockey.asn.au 0429 130 953
REGISTRATIO	ON FORM		
Year 5/ Available to participate (see attached calendar)	in BUNBURY CARNIVAL	Year 1	1/12 □
	Today's date:		
PARTICIPANT INFOR	Date of Birt	h: 🗆 🗆 / 🗆 🗀	
Given Name			MALE FEMALE
Surname			
Contact Telephone	Mobile Mobile		
Postal Address			
Suburb/Town			Postcode $\Box\Box\Box\Box$
School			School Year 🗆 🗆
PARENT/GUARDIAN INFORMATION			
<u>Father</u>			
Telephone	Mobile Mobile		
Email			
<u>Mother</u>			
Telephone	Mobile Mobile		
Email			
Would you be willing to assist? Team Manager \square Umpiring \square			
POSITION PLAYED B	Y PLAYER		
1 st Option			
2 nd Option			
3 rd Option			
SIGNED:	PLAYERPARENT/GUAR	DIAN	
Attended Trial 1 YES / No	O Trial 2 YES / NO	Nomination I	Fee \$5 Paid □