

registration form

2019 Summer Hockey

Closing date For Registrations:

Wednesday Competition is 25th September

Friday competition is Friday 27th September

PLEASE NOTE: Team numbers are restricted, so be in quick to ensure your team doesn't miss out.

Team Name:									
Team Contact:									
Address:	Work Phone:								
Home Phone:	Mobile:								
Mobile:	Email:								
Fax No: Alternate Contact:	Work Phone:								
Mobile:	Home Phone:								
Fax No; Email Address									
Please circle what night and grade you wish to play: <table border="0"> <tr> <td>WEDNESDAY</td> <td>FRIDAY</td> </tr> <tr> <td>Junior 7 Aside</td> <td>College 7 Aside</td> </tr> <tr> <td>Competitive 9 Aside</td> <td>Social 7 Aside</td> </tr> <tr> <td></td> <td>Competitive 7 Aside</td> </tr> </table>	WEDNESDAY	FRIDAY	Junior 7 Aside	College 7 Aside	Competitive 9 Aside	Social 7 Aside		Competitive 7 Aside	Please Forward registration forms & payment to: ATTN: Operations Manager PO Box 23455 Hunters Corner 2155 FAX: 09-2776709 Email: info@kolmar.org.nz rochelle@kolmar.org.nz Bank Account Number: 12-3044-0479715-00 Cheques payable to : KOLMAT CHARITABLE TRUST
WEDNESDAY	FRIDAY								
Junior 7 Aside	College 7 Aside								
Competitive 9 Aside	Social 7 Aside								
	Competitive 7 Aside								
TEAM SHIRT COLOUR:									

PLAYER REGISTRATION FORM

	FIRST NAME	Surname	Registered Hockey Player Club/School
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			