



2011 Representative Squad Nomination Form

Full Name:

Address:

Town: Postcode:

Contact No's: Parents: Names:

Home:

Work:

Mobile:

Email:

Player: Mobile:

Affiliated Club:..... Date of Birth:.....

Preferred Positions: 1. 2.

It is important that we are able to contact you to provide you with further or updated information. Please ensure that if your contact details listed above change you notify admin@hockeyalburywodonga.

U'17 Boys	
U'17 Girls	

**Date as at 1st January 2011*

Players attending trials MUST bring a white and a dark shirt.

Signature of Player or Parent/Guardian if Under 18.