



**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'13 Boys	
U'13 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.