



CLUB PERMIT REQUEST

Player's Name:

Date of Birth: Registered Club:

Current Playing Grade: No. Games Played

Detailed Reason For Request:
Use and attach a separate sheet if not enough space for request

BY-LAW Section that this Permit Request pertains to:

CLUB SECRETARY/PRESIDENT

Name: Signature: Date Submitted:

Forward the completed form to the Hockey Office P.O. Box 386 Albury 2640 fax:0260413292

OFFICE USE ONLY

Permits Co-ordinator comments:

REQUEST No.

Approved YES/NO Date Response Sent To Club: