

HAWTHORN HOCKEY CLUB INC. – JUNIOR DIVISION

MEMBERSHIP APPLICATION 2012 – WINTER

Please forward form and cheque to The Treasurer, Hawthorn Hockey Club, P.O. Box 7090, Hawthorn North 3122 or scan and email credit card details to treasurer@hawthornhockeyclub.asn.au

Surname	First Name	Date of Birth	School	Boy/Girl	Team in 2011

Winter Minkey – MUST BE 5 ON 1 JAN 2012

Mother's/Guardian's Details Name: Address:	Occupation:	Postcode
	Hockey Experience	
Contact Details Email	Work Phone:	Mobile
	Home Phone:	

Father's/Guardian's Details Name: Address:	Occupation:	Postcode
	Hockey Experience:	
Contact Details Email	Work Phone:	Mobile
	Home Phone:	

*Please asterisk best point of contact

Parents please indicate which area you would like to assist in, to help your child's hockey club

- Coaching
- Umpiring
- Age Group Coordinator
- Team Manager
- BBQ on Friday nights

Privacy Statement – Hawthorn Hockey Club takes all reasonable steps to protect the personal information it holds from misuse and loss and from unauthorized access, modification or disclosure. I give permission for personal details to be given to the team manager of my child's team for the purpose of producing a team list of addresses/telephone numbers available only to parents within that team.

.....
Signature

.....
Date

Registration Form – Page 2

Schedule of Fees: Tax Invoice
 Hawthorn Hockey Club Inc. (Registration No. 38960R)
 ABN 91 414 256 320

	Player 1	Player 2	Player 3 +	Total
Under 11 – 17	\$280	\$265	\$245	
Under 9	\$180			
Minkey	\$80			
Donation				
			\$7.00 per player for Credit Card payment	
			TOTAL	

Fees are inclusive of GST

If paying by cheque, please make cheque payable to “Hawthorn Hockey Club”
If paying by Credit Card please add \$7.00 (3% administrative fee) per player

Credit Card Details											Amount (incl. \$7 fee) \$				
Cardholder's Name															
Card Number													Expiry Date:	/	/
Card Type	Visa/Mastercard: -														
Signature:															

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I.....hereby apply to be a parent/social member of the Hawthorn Hockey Club. On my behalf and on behalf of any other parent/guardian I give permission for the player(s) listed above to participate in Hawthorn Hockey Club activities during 2012 and I give permission for such player(s) to receive medical attention if in the event I cannot be contacted.

Signature:.....

Date:.....

PLEASE MAKE SURE you SEND BOTH the above PAGES when you RETURN THIS REGISTRATION FORM