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TUGGERANONG VIKINGS HOCKEY CLUB



MINKEY REGISTRATION FORM

Player's Name: _____

Address: _____

Suburb: _____ State _____ Postcode _____

Home Phone: _____ **E-mail** _____

Birth date: ____ / ____ / ____ Boy / Girl Shirt Size: _____

Mother: _____ Work Phone: _____

Father: _____ Work Phone: _____

School: _____

Grade: _____ Years Played: _____ Level Last: _____
(At School) Hockey Played In

How did you find us? _____

I / We wish to register the above child in; (Please select one)

Minkey: Under 7, (Pre, Kinda, Year 1) **Under 9** (Year 2, Year 3)

Are you able to help and guide your child's team Y / N

Are there any children in particular that your child wishes to team with Y / N
Name(s) if applicable:.....

Signed (Parent / Guardian).....

Name (Parent / Guardian)

Date: / /.....

Minkey will start Sat 3rd May 2008 and finish at the end of term 3.

Privacy: We care about your privacy, but if you would like extra privacy please tick as required.

This Registration Form, or details contained on it can only be passed onto Hockey ACT, but they cannot use the details for any purpose other than for non-identifying statistical analysis, or for insurance as required to carry out the activity of Hockey in the ACT.

This Registration Form, or details contained on it cannot be passed onto Hockey ACT, or any organisation outside of the TVHC. (Tuggeranong Vikings Hockey Club)

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Registration Fee Paid: Yes / No Amount: \$..... (\$45 per player)

Receipt Number:

