



**SUMMER HOCKEY- FULL FIELD THURSDAY NIGHT REGISTRATION FORM**

Please email the completed form to Robyn McNeil by **19<sup>th</sup> October 2020**:

[hockey@busseltonhockey.org.au](mailto:hockey@busseltonhockey.org.au)

**Self-umpired, ages 12 and up. All players must be registered with Revsport.**

First game starts **Thursday 22<sup>nd</sup> October**

Last game **Thursday 26<sup>th</sup> November**

Team Name: (or insert 'individual' to be placed in a team):\_\_\_\_\_

Team Colour (what T-shirt colour your team are wearing):\_\_\_\_\_

Details of team contact- Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Email: \_\_\_\_\_

Player 1 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 2 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 3 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 4 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 5 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 6 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 7 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 8 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 9 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 10 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Player 11 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Reserve 1 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Reserve 2 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Reserve 3 Name:\_\_\_\_\_ Age:\_\_\_\_\_

Are you paying per team or as individual/s?\_\_\_\_\_

Note: **COST = \$50 per team of 11-14 players per game. Individual payments to be made to the Team Manager who will pay \$50 to the nominated stadium contact prior to each game.**