

## 2017 Representative Player Nomination Form

Personal Information			
Name			
Address			
Email			
Mobile Phone			
Home Phone			
D.O.B		Gender	Male / Female
Club/Association			

Please tick to Nominate your age group/competition					
<b>HAW Junior Country Championships – (must play JCC to be eligible for JSC) date TBA</b>					
U13 Born before 1 Jan 2003		U15 Born before 1 Jan 2001		U17 Born before 1 Jan 1999	
<b>Capital League 2017 Home and Away Season</b>					
Spitfires		Strikers			
<b>Masters Country Championships – dates to be confirmed</b>					
Men		Women			

Emergency Contact (or Carer) Details					
Name					
Address					
Email					
Contact phone					

I agree to abide by the Hockey Australia Code of Conduct which I have signed as part of my 2016 Hockey Victoria affiliation registration. I commit to renew my affiliation with HV in 2017 and pay the mandatory fee so that I am a financial member.

Signed by Player: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if under 18)