



# Hook in 2 Hockey



Complete this form to Register

	Name	Age	Participant Pack
Participant (1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

By completing and returning this form, you as the parent/guardian responsible for the above named child(ren) accept that this form enrolls them into the Hook in 2 Hockey program.

Please complete the form and return along with payment by cash, credit card (below) or cheque (made out to NDHA) to "Eileen Tudor, 8 Parapet Place, Glenhaven, NSW, 2156" by the 12<sup>th</sup> January 2009. Please note \$65 per player.

PAYABLE TO **NORTHERN DISTRICT HOCKEY ASSOCIATION INC**  
(ABN 16 895 574 086)

MasterCard or Visa (Please circle)      Amount \$\_\_\_\_\_.00      Expiry Date /

Credit Card Number

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_