Club use only

School Name: *Team Name:* *Receipt No:*

Kapiti Junior Hockey Club
PO Box 523
Paraparaumu

Mini's Registration (Preschool - yr 2)

Please note relevant contact and medical information will be passed on to coaches and schools.

Name:

Guardian Name:

Address:

Phone: Mobile:

Email:

Date of Birth: / / School:

School Year: Preschool 1 2 *please circle*

Have you played hockey before? Yes / No *please circle*

Medical Needs?

Can you help with: *please circle as many as you wish*

Coaching Managing BBQ Umpiring Committee

Guardian Signature

☐ Tick if you do not wish to receive information from Kapiti Coast Hockey Club

Fee: $40 per child
$30 for each additional mini family player
(Juniors - please use Juniors registration form)

Payment: Cheques - Payable to Kapiti Junior Hockey Club
Internet banking - 38-9005-0930179-02 (ref: player name)

Registration for Hockey closes 15 March 2010