

Club use only  
School Name:

Team Name:

Receipt No:



Kapiti Junior Hockey Club  
PO Box 523  
Paraparaumu

## Wellington Under 13 Registration of Interest

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

Name:

Guardian Name:

Address:

Phone:

Mobile:

Email:

Boy / Girl *please circle*

Date of Birth:     /     /

School Year:    5     6     7     8 *please circle*

School:

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

If yes which school did you play for?

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:            2009 Fee was \$120.00. **This year's fee yet to be confirmed.**

Games are on Saturday home and away.

Practice night yet to be confirmed.

Club coach will contact you.