



Busselton Hockey Association Incorporated

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ABN: 52 614 336 156

## SUMMER HOCKEY **HALF FIELD FRIDAY NIGHT** REGISTRATION FORM

Please email the completed form to Robyn McNeil by **1<sup>st</sup> November 2021**:

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

**Self-umpired, All ages and Abilities. All players must be registered with REVsport.**

First game starts **Friday 5<sup>th</sup> November**

Last game **Friday 10<sup>th</sup> December**

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: \_\_\_\_\_

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

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

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

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

Note: **COST = \$25 per team of 7-10 players per game.**

**Individual payments to be made to the Team Manager who will pay \$25 to the nominated stadium contact prior to each game.**