22ND FEBRUARY 2017
TICK HERE FOR THE GORDONVALE PROGRAM ☐

24TH FEBRUARY 2017
TICK HERE FOR THE CAIRNS NORTH PROGRAM ☐

Complete this form to register for the Cairns Hockey Association Get into Hockey program.

Participant(s) names and *Dates of Birth for each participant*:

Parent/Guardian name:

Address:

Town/City: **Postcode:**

Phone (H): **Mobile (M):**

Email:

Height: ***Must Have***(measure from floor to belly button for stick size in inches)

School:

Disclaimer – By completing and returning this form, you as the parent/guardian responsible for the above named children accept that this form enrols them into the Get intoHockey Program.

Credit Card Authorisation

Please debit my:

❑ Visa ❑Mastercard Expiry Date

For the amount of $

Cardholder's Name:

Signature of Cardholder:

Date: Phone No:

Any bank fees associated with a dishonour of this request and charged to either the cardholder or Cairns Hockey Association Inc will be payable by the cardholder.

Direct Debit Details (**Please make sure you put name as reference**)
BSB 633.000 A/C No 121233431