

UNDER 13 - REGISTRATION AND PAYMENT FORM

Participant Name: Age.....

Participant Name..... Age.....

Participant NameAge.....

Parent/Guardian

Address

Telephone

School

Please note this is a One Day Only Holiday Hockey Clinic.

THURSDAY 5th July 2018 – 8.00AM – 4.00pm \$35.00

LEVEL OF SKILL

First Time Player TICK **How many**

Played Before TICK **How many**

Total Number of Participants

Total Costs

Credit Card Authorisation

Please debit my:

Visa Mastercard Expiry Date _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

For the amount of \$

Cardholder's Name:.....

Signature of Cardholder:.....

Date:..... Phone No:

SCAN completed registration and return it TO MEGAN AT CAIRNS HOCKEY info@cairnshockey.com.au