



## 2018 CAIRNS REGIONAL HOCKEY ACADEMY

INVITATIONS ARE NOW OPEN FOR ALL PLAYERS WHO WOULD LIKE TO PARTICIPATE IN OUR OF SEASON TRAINING PROGRAMS AS FOLLOWS.

### ALL WELCOME!!!!

**Under 11's** Boys  
Year of Birth  
2008,09

Monday 29<sup>th</sup> October  
5.00 – 6.15pm  
(Every Monday thereafter for 5 weeks)

Girls

Tuesday 30<sup>th</sup> October  
(Every Tuesday thereafter for 5 weeks)  
4.30 – 5.45pm

**Under 13's** Girls  
Year of Birth  
2006,07

Thursday 1<sup>st</sup> November  
(Every Thursday thereafter for 6 weeks)  
5.00 – 6.15pm

**Under 13's** Boys  
Year of Birth  
2006,07

Tuesday 30<sup>th</sup> October  
(Every Tuesday thereafter for 6 weeks)  
6.00 – 7.15pm

### Cost

\$50

### PAYMENT OPTIONS

Payment thereafter can be made by Cash @ the CHA Office or Credit Card over the phone or Direct Deposit: (please reference first initial and surname of athlete)

BSB: 633 000

A/C: 121 233 431

What a great opportunity to learn and develop new skills.

**NOMINATIONS CLOSE 19<sup>TH</sup> OCTOBER**

PLEASE ADVISE YOUR AVAILABILTY AND **SINGLET SIZE** AS FOLLOWS

Jess Fatnowna E-mail [rcc@cairnshockey.com.au](mailto:rcc@cairnshockey.com.au)

Phone 40532308



## ACADEMY INDIVIDUAL NOMINATION FORM 2018

Please return to CHA Office or Email to [rcc@cairnshockey.com.au](mailto:rcc@cairnshockey.com.au) or [info@cairnshockey.com.au](mailto:info@cairnshockey.com.au)

UNDER 11

UNDER 13

BOYS

GIRLS

BOYS

GIRLS





Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

TOTAL PLAYERS REGISTERED \_\_\_\_\_ TOTAL COSTS TO BE PAID \_\_\_\_\_

ACADEMY FEES \$50.00

**ALL PAYMENTS MUST BE RECEIVED BY CAIRNS HOCKEY BEFORE 25<sup>TH</sup> OCTOBER 2018 TO BE ELIGIBLE TO PARTICIAPTE. CASH AT CAIRNS HOCKEY DURING OFFICE HOURS IS ACCEPTED**

### Credit Card Authorisation

Please debit my:

Visa  Mastercard

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*EXPIRY DATE Month \_\_\_\_\_/Year \_\_\_\_\_ 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](mailto:info@cairnshockey.com.au)**

**EFT PAYMENT TO CAIRNS HOCKEY**

**BENDIGO BANK**

**BSB No 633000**  
**ACCOUNT No 121233431**  
**Ref: Acad2018**



## ACADEMY SINGLET SIZING

<b>U11 Boys</b>	
Size 8 Boys	
Size 10 Boys	
Size 12 Boys	
Size 14 Boys	
Size 16 Boys	
<b>Total</b>	

<b>U13 Boys</b>	
Size 10 Boys	
Size 12 Boys	
Size 14 Boys	
<b>Total</b>	

<b>U11 Girls</b>	
Size 8 Girls	
Size 10 Girls	
Size 12 Girls	
<b>Total</b>	

<b>U13 Girls</b>	
Size 10 Girls	
Size 12 Girls	
Size 14 Girls	
Size 8 Ladies	
Size 10 Ladies	
Small	
<b>Total</b>	

<b>Girls Sizes</b>	
Size 8	
Size 10	
Size 12	
Size 14	
Size 16	

<b>Boys Sizes</b>	
Size 8	
Size 10	
Size 12	
Size 14	
Size 16	

<b>Ladies Sizes</b>	
Size 8	
Size 10	
Size 12	
Size 14	
Size 16	

<b>Mens Sizes</b>	
Small	
Med	
Large	
Xlarge	