|  |  |  |
| --- | --- | --- |
| Hockey WA Logo_A_fading__Stack | Hockey logSchool Clinic Form |  |

#### General Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School Name: |  | | | | | |
|  | |  | | |  |  |
| School Contact: | |  | | | Position Held: |  |
|  | | |  | | | |
| School Address: | | |  | | | |
|  | | |  | |  |  |
|  | | |  | | Postcode: |  |
|  | | | |  |  |  |
| School Telephone: | | | |  | Fax: |  |
|  | |  | | | | |
| Email Address: | |  | | | | |
|  | |  | | |  |  |

**Session:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day: |  | | Dates: | |  | | No. of students: | |  | |
| Start Time: | |  | | Finish Time: | |  | Year Level(s): | |  | |
|  | |  | |  | |  |  |  | | |
| Do you require the coach to bring hockey equipment with them? | | | | | | | | | | ❒ YES |
|  | | | | | | | | | | ❒ NO |

###### For any further enquiries please contact

###### YoUR nAME hERE

|  |
| --- |
| E.G.H.A - 3 Boomerang Crescent, Kalgoorlie WA 6430  Telephone:  [juniordevelopment@goldfieldshockey.com.au](mailto:juniordevelopment@goldfieldshockey.com.au) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | | | | | | |
|  | **CLUB** |  | | | | **CONTACT** | |  | |  |
|  |  | | | | | | | | |  |
|  | **COACH** | |  | | | | PAID | |  |  |
|  |  | | |  | |  | |  | |  |
|  | **EVAL SENT** | | |  | **EVAL RCD** | | |  | |  |
|  |  | | |  | |  | |  | |  |