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| 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

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

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