

Registration Form - Inter Regionals 2016

Please complete the form and bring to the first training session along with a copy of your NRHA registration card

Age group	U9's	☐	U17's	☐	Please tick your age category
	U11's	☐	U20's	☐	
	U13's	☐	Ladies	☐	
	U15's	☐			

Surname

Forename (s)

Date of Birth

Home Address

inc postcode

Email Address

Hockey Club

Position played Outfield / Goalkeeper *(Delete as appropriate)*

Name of Parent/Guardian

Home Phone

Mobile Number

Does player suffer from any allergies, i.e. Asthma, Epilepsy, Migrains, Dibetes? **Yes/No**

Any other health issues we should be aware of ?

Signature of parent / guardian

Dated

President Keith Allen 42 Croft Lane Letchworth Hertfordshire SG6 1AP	Competitions Secretary Michaela Parfitt 7c Townsend Soham Cambridgeshire CB7 5DB	General Secretary Lisa Allander 18 Telegraph Lane East Norwich Norfolk NR1 4AL	Treasurer Iain Hall 30 Weatherthorn Orton Malborne Peterborough PE2 5NB
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