



**COACHES
BRISBANE UNDER 11, 13 & 15
REPRESENTATIVE TEAMS**

I wish to nominate for the position of Coach of the Brisbane Under _____ Team for the representative games to be played in 2010.

Name: _____

Address: _____

_____ **Postcode:** _____

Signed: _____ **Phone No:** _____

(Nominee)

Coaching Accreditation Level: _____

The _____ Hockey Club endorses this Nomination.

Signed: _____

(Club Secretary)

(Please retain this section for your own information)

Brisbane Under 11, 13 & 15 Representative Teams 2010 – Nomination for Coach

Notes:

- State Under 13 Championships – Rockhampton, Mon 28th June – Fri 2nd Jul 2010
- State Under 15 Championships – Sunshine Coast, Mon 5th – Fri 9th July 2010
- Under 11, 13 & 15 Coulter Shield dates to be advised
- Three (3) Brisbane Teams will be selected for each of these Championships
- Assistant Coaches may also be appointed at the discretion of the BHA Board
- Training dates and times will be advised and posted on the BHA Website

This form to be completed & returned to "Hon Secretary, BHA Junior Committee, 29 Bundara Street, MORNINGSIDE Q 4170"

LOCATION ADDRESS State Hockey Centre 400 – 420 Lytton Road COLMSLIE Q 4170	JNR CMTE MAILING ADDRESS 29 Bundara Street MORNINGSIDE Q 4170	TELEPHONE +61 7 3399 4167 EMAIL bjhasecretary@bha.org.au	FACSIMILE +61 7 3901 5048 WEB www.bha.org.au
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Brisbane Hockey Association Inc

ABN 43 857 681 225

**JUNIOR
COACH**

Junior Committee

Please provide the following information and return with the completed nomination form (above) to the **Hon Secretary, BHA Junior Committee, 29 Bundara Street MORNINGSIDE Q 4170.**

Name: _____

Address: _____

Phone No: _____

Suitability Card No: _____ **Expiry Date:** _____

(For Child Related Employment issued by the Commission for Children & Young People)

Email Address: _____ **Mobile No:** _____

1. Playing Experience:

(Enter your details in the area below)

2. Coaching Experience:

(Enter your details in the area below)

3. Accreditation Level:

(Enter your details in the area below)

Signed: _____

(Nominee)

LOCATION ADDRESS
State Hockey Centre
400 – 420 Lytton Road
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JNR CMTE MAILING ADDRESS
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