



# Brisbane Hockey Association Inc

ABN 43 857 681 225

## Nomination Form

**SENIOR  
U18 MNGR  
& COACH**

1<sup>st</sup> September 2009

To: The Secretary,  
Brisbane Hockey Association Inc

I wish to be considered for the position/s that I have indicated below with respect to the Brisbane Representative Team/s competing in the 2010 State Under 18 Championships:

**STATE UNDER 18 CHAMPIONSHIPS**  
**Gold Coast, Thursday 23<sup>rd</sup> September – Sunday 26<sup>th</sup> September 2010**

Manager       Coach

(Please indicate that which applies above with an X in the appropriate box)

### My personal details are as follows:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CCYP Suitability Card Reg No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Private Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

I have attached a copy of my Curriculum Vitae detailing my qualifications (if any) and previous experience\* as a player and/or coach.

(\* if nominating for a coaching position)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



(Please retain this section for your own information)

### **Brisbane Under 18 Representative Teams 2010 – Nomination for Manager/Coach**

#### Notes:

- State Under 18 Championships – Gold Coast, Thu 23<sup>rd</sup> – Sun 26<sup>th</sup> September 2010
- Three (3) Brisbane Teams will be selected for 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 "The Secretary, Brisbane Hockey Association Inc,  
PO Box 503, MORNINGSIDE Q 4170"**

LOCATION ADDRESS  
State Hockey Centre  
400 – 420 Lytton Road  
COLMSLIE Q 4170

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