



Brisbane Hockey Association Inc
ABN 43 857 681 225
Junior Committee

SECRETARY:
Mrs. June Grant

CHAIRMAN:
Mr. Mark Carter

4th May 2010

NOTICE TO PARENTS AND PLAYERS

The above Association wishes to advise that we will be holding trials for selection of Brisbane Representative Junior teams for the year 2010.

Every registered player's family in the Under 11 age group will receive a nomination form to be completed in full and returned to: The Secretary, Brisbane Hockey Association Inc. Junior Committee 29 Bundara Street Morningside 4170 by **Friday 21st May 2010**, if they are interested in nominating.

A non-returnable nominating fee of \$15-00 per player shall accompany this form.

This fee will be used to cover administration cost, hire of Grass fields etc.

After receipt of Application forms by due date, players will be selected into various teams.

Advice of allocation of players to trial teams and details for the trial days will be posted on the BHA Website under representative teams. Please check the website closer to the trial days for details of the team you are allocated in and playing times and uniforms.

The Under 11 trials will take place Sunday 6th June SHC Grass from 7.30am to 10.30am (to be in attendance at 7am) and Sunday 13th June Shaw Park from 7.30am-10.30am (to be in attendance at 7am) There will be three teams selected for the Coulter Shield.

The Coulter Shield for Under 11 will be held in Brisbane (Downey Park) on 1st August 2010.

Yours faithfully,

June Grant
Hon Secretary

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

JNR CMTE MAILING ADDRESS
29 Bundara Street
MORNINGSIDE Q 4170

TELEPHONE FACSIMILE
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EMAIL WEB
bjhasecretary@bha.org.au www.bha.org.a

Brisbane Hockey Association Inc.

ABN 43 857 681 225

JUNIOR COMMITTEE

Nomination Form Under 11 Team

For the Brisbane Representative Team Trials 2010

SURNAME: GIVEN NAME:

ADDRESS:

.....POSTCODE.....

PHONE: DATE OF BIRTH*

EMAIL ADDRESS.....

1st Playing position:2nd Playing position:

Any other positions

Please be specific left or right position and not show only Half, Forward, Inner or Wing

CLUB: GRADE PLAYING 2010.....

*** Under 11 as at 1-1-2010**

INDEMNITY FORM

I..... agree not to hold B.H.A. responsible for any injury, accident or illness sustained by me, however caused. I authorise any medical assistance considered necessary at the time to be obtained for me, and I agree to pay all medical expenses so received.

Nominees Signature:Date:

Parent/Guardian Signature:Date:

This form must be completed in full and signed by the relevant people.

Enclose cheque or money order for \$15-00 made out to Brisbane Hockey Association Inc.

To be returned by Friday 21st May 2010

**To: Hon. Secretary
Brisbane Hockey Association Inc.
Junior Committee
29 Bundara Street
MORNINGSIDE Q. 4170**