



Brisbane Hockey Association Inc

ABN 43 857 681 225

Junior Committee

SECRETARY:
Mrs. June Grant

CHAIRMAN:
Mr. Mark Carter

8th March 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 13 age group will receive a nomination form (copy enclosed) to be completed in full and returned to: The Secretary, Brisbane Hockey Association Inc., Junior Committee 29 Bundara Street Morningside 4170 by **Friday 26th March 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 Burringbar and State Hockey Centre 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 13 trials will take place Sunday 11th April 7:30am to 10:00am at Easts Tiger turf and Sunday 18th April 2010 7:30am to 10:00am at State Hockey Centre Turf.

We will be sending three teams to the Coulter Shield and State Championship. The Coulter Shield will be held over two weekends Sunday 16th May at Warwick and Sunday 30th May at Ipswich. The State Championships for Under 13 will be held in Rockhampton from 28th June to 2nd July 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 +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 COMMITTEE

Nomination Form Under 13 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 13 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 26th March 2010

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