



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 15 age groups 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 the 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 in and playing times and uniforms.

The Under 15 trials will take place Sundays 11th April 7:30am to 10:00am at State Hockey Centre Turf and 18th April 7:30am to 10:00am at Burringbar Turf.

We will be sending three teams to the Coulter Shield and State Championship. The Coulter Shield will be held over two weekends Sunday 23rd May at Tweed Border and Sunday 6th June at Sunshine Coast. The State Championships for Under 15 will be held at Sunshine Coast from 5th to 9th July.

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
+61 7 3399 4167 +61 7 3901 5048
EMAIL WEB
bjhasecretary@bha.org.au www.bha.org.au

Brisbane Hockey Association Inc.

ABN 43 857 681 225

JUNIOR COMMITTEE

Nomination Form Under 15 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 15 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**