



facilitiesmanager@rockinghamhockey.org.au
Ph: 0409084325 Alan Mills

www.rockinghamhockey.org.au

SUMMER HOCKEY 2017/18

Wednesday Senior Men

TEAM NOMINATION FORM

NEW ¼ Field 5 per Side

Start Date WEDNESDAY 1st NOVEMBER 17:

Nominations close 20th October , 2017, please return forms to

facilitiesmanager@rockinghamhockey.org.au confirmation will be sent, so after a couple of days if no confirmation of receipt of nomination please contact Alan 0409084325

Team Charge of \$360; To be collected by Team co coordinator and paid as one sum directly in club's bank account Bendigo Bank BSB 633-000

A/c RDHC No. 142356419

TEAM NAME:

TEAM Contact name.....

Contact number: Email address:

Nominated Colour ; Shirt.....

Max 8 per team Requirements .

- | | |
|------------------|---------|
| Players: 1. | 2. |
| 3..... | 4..... |
| 5..... | 6 |
| 7..... | 8..... |