



Kedron Wavell Services Hockey Club INC.  
Junior 6-A-Side  
2010



*A fun and exciting competition played on the turf at Burringbar Park, Chermside on Wednesday & Thursday nights from 5.45pm.*

**Date:**

- ◇ Starting Wednesday 6<sup>th</sup> October & Thursday 7<sup>th</sup> October  
Finishing Wednesday 1<sup>st</sup> December & Thursday 2<sup>nd</sup> December.

**Cost:**

- ◇ Team registration fee: \$100 (non refundable; payed in advance with registration)
- ◇ Balance of \$350 per team: payable before the first game on the first night of play.
- ◇ Players who are not currently registered with a hockey club will incur a \$20 insurance fee to Hockey Queensland. (payable prior to the first game)
- ◇ Registration forms will not be accepted without \$100 registration fee.

**Players:** Mixed teams of boys and girls are able to play.

- ◇ Under 15 & 11's (Wednesday nights)
- ◇ Under 15, 11's & U9's (Thursday nights)
- ◇ Over 15's are encouraged to nominate teams for Friday night senior comp.

**Modified indoor hockey rules apply**

**Positions fill quickly so get your team/s organised early to avoid disappointment; then send your completed registration form to:**

**Contact:** Kathy Mehonoshen  
17 Lowan Street  
Warner 4500  
Phone: 0407 583 839  
6asidehockey@gmail.com



# Kedron Wavell Services Hockey Club Inc.

## 6-A-Side 2010 TEAM REGISTRATION

Team/club name: \_\_\_\_\_

Day:  Wed U11  Wed U15  Thurs U9  Thurs U11  Thurs U15

Uniform colours: Shorts/skirts \_\_\_\_\_ Shirts \_\_\_\_\_

| Childs Name | D.O.B | Home Phone | Mobile Phone | Club Registered | Grade played 10 |
|-------------|-------|------------|--------------|-----------------|-----------------|
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Team Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mob: \_\_\_\_\_

Note: email must be supplied as any changes to draw will be communicated via email

### PLEASE NOTE:

- A non refundable \$100 Registration fee per team is to be paid in advance with this registration form. (registration will not be accepted without payment of team registration fee)
- The balance of games fees is payable before the first game on the first night of play (\$350 Juniors).
- Any Player who is not currently registered with a hockey club will incur a \$20 insurance fee to Hockey QLD (payable with balance of team fee).
- Registered club players are covered by insurance with Hockey QLD to December 31<sup>st</sup> 2010.

**TEAM NOMINATIONS CLOSE 4PM SUNDAY SEPTEMBER 19<sup>th</sup> 2009**

### **PAYMENT DETAILS**

Cash  Cheque  Credit Card

Credit Card Holder \_\_\_\_\_

Type of Credit Card  Visa  Mastercard

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_

Amount authorised:  Registration fee - \$100  Full junior team fee - \$450

Cardholder's Signature \_\_\_\_\_

**Please return completed registration form with payment to**

Kathy Mehonoshen  
17 Lowan Street,  
Warner 4500

Email: [6asidehockey@gmail.com](mailto:6asidehockey@gmail.com)  
Phone: 0407 583 839



## Kedron Wavell Services Hockey Club Inc.

(AFFILIATED WITH HOCKEY QUEENSLAND INC)

### Member Insurance Form

Only for 6-a-side players not registered with another HQ affiliated club.

2010

This form is to be completed, signed and dated by all members over 18 (or by a parent or guardian if under 18) and then submitted to the Club Secretary. The details contained herein are required for insurance purposes.

#### PERSONAL DETAILS

|             |       |          |          |           |
|-------------|-------|----------|----------|-----------|
| GIVEN NAME: |       | INITIAL: | SURNAME: | D.O.B     |
| ADDRESS:    |       |          |          |           |
| SUBURB:     |       |          | STATE:   | POSTCODE: |
| TELEPHONE:  | HOME: | WORK:    | MOBILE:  |           |
| EMAIL:      |       |          |          |           |

|        |  |
|--------|--|
| JUNIOR | I AM UNDER 17 AS AT 1 <sup>ST</sup> JANUARY OF THIS CURRENT YEAR <input checked="" type="checkbox"/> |
|--------|--|

#### DECLARATION

I hereby acknowledge and agree by the rules and regulations of the Kedron Wavell Services Hockey Club Inc as set out in its Constitution, By Laws, handbook, etc.

I hereby agree to abide by the competition rules of the Kedron Wavell Services Hockey Club Inc. Social 6-a-side competition as detailed on the Kedron Wavell Services Hockey Club website [www.kwhockey.com](http://www.kwhockey.com).

.....  
Signature of Player or Parent/Guardian (if Under 18)

.....  
Date

.....  
Name of Parent or Guardian who has signed above (Print)

.....  
Relationship to Under 18 Player

|                 |                        |  |       |
|-----------------|------------------------|--|-------|
| OFFICE USE ONLY | FORM SIGNED:<br>(Date) | INSURANCE PAYMENT RECEIVED:<br>(Signed by KWSHC Club Official) | TEAM: |
|-----------------|------------------------|--|-------|

Kathy Mehonoshen (Girls' Vice-President, 17 Lowan Street, Warner 4500 Ph 0407 583 839 Email: 6asidehockey@gmail.com)

#### **PAYMENT DETAILS**

Cash     Cheque     Credit Card

Credit Card Holder \_\_\_\_\_

Type of Credit Card     Visa     Mastercard

Credit Card Number \_\_\_\_\_

Expiry Date    \_\_\_\_ / \_\_\_\_

Amount authorised:     Senior Insurance - \$40     Junior Insurance - \$20

Cardholder's Signature \_\_\_\_\_