



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



*6-a-side Summer Hockey is on this year!!!*

**Date:**

- ◆ Starting Friday 8<sup>th</sup> October and finishing Friday 3<sup>rd</sup> December

**Cost:**

- ◆ Team registration fee: \$100 (non refundable; payed in advance with registration)
- ◆ Balance of \$500 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 \$40 insurance fee to Hockey Queensland. (payable prior to the first game)
- ◆ Registration forms will not be accepted without \$100 registration fee.

**Players:** *All teams must be mixed.*

- ◆ All teams must have at least 2 females on the field throughout the whole game
- ◆ Players must be 12 years old on 31st December 2010 to play in the Senior competition.

**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**  
**SENIOR TEAM REGISTRATION**

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

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

Player's Name	D.O.B (if U18)	Home Phone	Mobile Phone	Club Registered	Grade played 10

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 (\$500) of games fees is payable before the first game on the first night of play.
- Any Player who is not currently registered with a hockey club will incur a \$40 or \$20 (if under 18) 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> 2010**

**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 senior team fee - \$600

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 a HQ affiliated club in 2010.

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 with team registration. 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 18 AS AT 1 <sup>ST</sup> JANUARY OF THIS CURRENT YEAR <input type="checkbox"/>
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#### 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: (Date)	INSURANCE PAYMENT RECEIVED: (Signed by KWSHC Club Official)	TEAM:
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Kathy Mehonoshen, (Vice-President), Kedron Wavell Services Hockey Club Inc, 17 Lowan Street, Warner, 4500.  
Ph: 0407 583 839 Email: 6asidehockey@gmail.com

### **PAYMENT DETAILS**

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 \_\_\_\_\_