

Registration Form

MC Hockey Skill Set Coaching
Programs & Camps

Return to: Larry.McIntosh@mchockeyskillset.com.au

Payment is kindly requested before taking the pitch, thank you

Program Name: Date:	
Athlete's Name:	
Date of Birth:	
Gender:	Male / Female (please circle)
Team: (eg. club / school)	
Address:	
Phone: Email:	
Parent / Carer 1 Contact no:	
Parent / Carer 2 Contact no:	
Additional Information: Playing position Representative history Medication	



Cash

Cheque

Bank Transfer

(Please put Family Name and "MCHSS" in the details).

Thank you

Payable to MC Hockey Skill Set

Larry McIntosh
CBA Concord
BSB: 062 - 145
ACC: 1028 7666