



**GOULBURN HOCKEY ASSOCIATION  
NOMINATION FORM 2016**

**Team Name:** \_\_\_\_\_ **Uniform:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_ **Club Postal Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please Elect a Grade**      **U7**    **U9**    **U11**    **U13**    **U15**    **U18**    **1<sup>st</sup>**    **2<sup>nd</sup>**    **3<sup>rd</sup>**

*Nomination forms MUST have a minimum of 11 players*

All player registrations must be completed via NSW Hockey website.

Name	DOB	Online Registration Completed	Available for GHA Representation YES/NO

**TWO DELEGATES MUST ATTEND EACH MEETING FAILURE TO DO SO WILL RESULT IN A FINE AND OR LOSS OF COMPETITION POINTS**