



ABN: 72 893 760 500

CLUB PERMIT REQUEST

Player's Name:			
Date of Birth:	/ /	Registered Club:	
Current Grade:		Games Played:	
<p>Detailed Reason For Request:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
If this application is for children to play out of outside their expected age group or gender, a parental permission form must be attached. Use and attach a separate sheet if not enough space for request. Details of these requests will be listed on the HAW web site			

Club Secretary Name: **Signature:**

Date:

Please forward the completed form to the Hockey Office email – permits@haw.net.au

OFFICE USE ONLY

Permits Co-ordinator comments:

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REQUEST No: PAN.....

Approved: YES/NO Date Response Sent To Club: