



CURTIN UNIVERSITY HOCKEY CLUB Years 1-6 Junior Hockey Program 2018

Term 1 Registration Form	
School Name:	
Child's Name:	
Child's Age/Year Group:	
Parent/Carer's Name:	
Preferred contact details (phone and email):	
Child's level of experience (beginner/experienced):	
Special requirements (if applicable):	

Please return the completed booking form to Elspeth Denning at:

Phone:	0403 157 957
Email:	pres@cuhc.org.au