



Lisnagarvey Hockey Club

Application for Youth & Mini Membership

Master / Miss

Surname: _____ Forename(s): _____

Known As: _____ Date of Birth : ____ / ____ / ____

Address: _____ Current School Year: _____

Post Code: _____ Date: _____

Category of Membership: Youth / Mini

Any hockey experience (team selection, awards, representative honours etc)

Parent's Contact Details:

Home: _____ Business: _____

Mobile: _____ EMail: _____

Please indicate any family connections with Lisnagarvey Hockey Club, any hockey playing or coaching experience you may have or any other ways in which you may be able to help our coaching programme.

Applications to join the Lisnagarvey will remain valid until a vacancy occurs at which time you will be contacted. There are currently waiting lists for a number of the age groups..

Information on Club news and activities can be found on the Club's website
www.lisnagarveyhockey.com

Date application received by Club: _____

Forwarded completed form to: The Membership Secretary

Lisnagarvey Hockey Club, 2 Comber Road
Hillsborough, Co. Down, BT26 6LN