

## Goalkeeping Clinic

Registration Form – Gauteng

***Please complete one form per coach/goalkeeper***

FIRST NAME:		SURNAME:	
AGE:	CURRENT LEVEL/TEAM(eg u/16A; Club 2 <sup>nd</sup> ):		
SCHOOL/CLUB NAME:			
CELL:		EMAIL:	
PERSON RESPONSIBLE FOR PAYMENT (PRP) NAME:			
PRP CELL:		PRP EMAIL:	

***Select:***

GOALKEEPER (R750.00):	COACH (R300.00):
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**If COACH, circle shirt size:**      Small                      Medium                      Large                      XLarge

***Session preference – choose one (✓):***

<b>Monday 1 May</b>	Pretoria Boys High School	17:30 – 20:30	
<b>Tuesday 2 May</b>	Kingsmead College, Rosebank	14:00 – 17:00	
	King Edward VII School	18:30 – 21:30	
<b>Friday 5 May</b>	Krugersdorp High School	14:30 – 17:30	

Please email to [sue-anne@mercianhockey.co.za](mailto:sue-anne@mercianhockey.co.za). Your session will be confirmed and a space reserved with an emailed invoice. Upon proof of payment your participation will be confirmed.