

Goalkeeping Clinic

Registration Form – KZN

Please complete one form per coach/goalkeeper

FIRST NAME:		SURNAME:	
AGE:	CURRENT LEVEL/TEAM(eg u/16A; Club 2 nd ,):		
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 (✓):

Monday 8 May	Hilton College	14:30 – 17:15	
Tuesday 9 May	Northwood Boys School	15:00 – 18:00	

Please email to 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.