

## Goalkeeping Clinic

Registration Form – Grey College Bloemfontein

***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

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