

## Goalkeeping Clinic

Registration Form – Cape Town 10 May

**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

<b>Wednesday 10 May</b>	Parel Vallei High School                      14:45 – 17:30	
<b>Wednesday 10 May</b>	Wynberg Boys' High School                      18:30 - 21:15	

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.