

# Tweed Border Hockey Association Inc

Notification of Affiliated Club Officials and Details for \_\_\_\_\_

Please complete and return to the Association Secretary prior to 1st March

Club \_\_\_\_\_

	Name	Contact Telephone Number
<b>President</b>		
		D.O.B.
<b>Vice President</b>		
		D.O.B.
<b>Secretary</b>		
		D.O.B.
<b>Treasurer</b>		
		D.O.B.
<b>Other</b>		
		D.O.B.
<b>Field Condition Contact Person</b>		Telephone:
		Mobile:
<b>Correspondence Address</b>		Clubhouse telephone number:
		Contact Fax number:
<b>Accounts Address</b>		
<b>Meeting Delegates</b>	1	
	2	
	3	
	4	
	5	
	6	