

TWEED BORDER HOCKEY ASSOC. INC.

TBHA/FNCHA DUAL REGISTRATION FORM 2011

1. The applicant is responsible for making the initial application to Tweed Border Hockey Association to seek this form
2. Once approved the applicant is responsible for making the application to Far North Coast HA and FNCHA local Club
3. Dual Registration is valid only for the calendar year in which the application is approved
4. Official person/s must indicate the position held in the Club/Association

NOTIFICATION OF DUAL REGISTRATION 2011

APPLICANT

FIRST NAME:

SURNAME:

Date of Birth:

Address – Street

Town:

Post Code:

Email:

SIGNATURE:

DATE:

FAR NORTH COAST HOCKEY ASSOC

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

PRIMARY CLUB:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

TWEED BORDER HOCKEY ASSOCIATION

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

SECONDARY CLUB:

OFFICIALS NAME:

POSITION HELD:

SIGNATURE:

DATE:

The applicant aforementioned wishes to formally apply for dual registration with the above Associations.

Return this form to: The Secretary
Tweed Border Hockey Assoc. Inc.
P O Box 270
MURWILLUMBAH NSW 2484
Email: tweedhoc@norex.com.au

All Fields MUST be filled in.