



IPSWICH HOCKEY ASSOCIATION INC.

Established 1931

Representative Player Nomination Form 2019

IHA Representative Player Nomination Form

“Teams”

Women

- ✓ U11 Girls x4 Teams (Brisbane – August)
- ✓ U13 Girls x2 Teams (Cairns - July)
- ✓ U15 Girls x2 Teams (Gladstone – September)
- ✓ U18 Girls x1 Team (Tweed Border – June/July)

Men

- ✓ U11 Boys x3 Teams (Brisbane – August)
- ✓ U13 Boys x2 Teams (Toowoomba - July)
- ✓ U15 Boys x1 Team (Warwick – September)
- ✓ U18 Boys x1 Team (TBC – June/July)

Please go to our website www.ipswichhockey.com and click the ‘Rep Info’ tab for travel and accommodation details as well as the approximate cost.

Ipswich Representative Player Nomination Form 2019

This form is to be completed and returned via email to rcd@ipswichhockey.com or placed in the RCD Letterbox (outside RCD Office)

U13 & U18: return by Sunday 31 March

U15: return by Sunday 23 June

U11: return by Sunday 2 June

Team nominating for:

NAME:

CLUB:

GRADE PLAYING:

Date of Birth:

Email:

Phone:

Playing Particulars

Preferred Playing Position/s:

1.

3.

2.

4.

Please Note:

- By nominating for this team, you are confirming your availability and so will be liable for the finalised cost for the team should you later withdraw from the team (other than in the case of injury) if a replacement player cannot be found.
- In cases whereby IHA has allowed for two teams in the costings, should only one team travel, costs will increase.

I confirm that I am available for selection in the team for which I am nominating and acknowledge that I will pay the finalised cost for the team by the due date if I am selected.

Signature of Player (or Parent/Guardian if under 18)

Date