



DUAL REGISTRATION CLUB REQUEST FORM 2018

Player's Name: _____

Signed: _____ Date: ____/____/____

Primary Club: _____

Primary Club Official Name: _____

Signed: _____ Date: ____/____/____

Secondary Club: _____

Secondary Club Official Name: _____

Signed: _____ Date: ____/____/____

*Note: Your primary club will be used for all billing and registration purposes throughout the year.

Office Use Only		
Request Received: ____/____/____	Verification: ____/____/____ _____ _____ (signature)	<input type="checkbox"/> Approved by Toowoomba Hockey Committee ____/____/____ <input type="checkbox"/> Not approved by Toowoomba Hockey Committee Status Notification: ____/____/____ _____ (signature)
Comments:		