

Application form



Wilsonton
HOCKEY ACADEMY

Student details

Name	Date of Birth
Current School	Current Year Level

Hockey details

Current Club (if any)	Year (s)
Playing Experience (if any)	Year (s)
Representative Experience (if any)	Year (s)
Hockey Awards (if any)	Year (s)

Parents and Caregivers Agreement

I acknowledge that – if selected for the Wilsonton Hockey Academy – it will be the number-one preference on my child's subject selection at Toowoomba State High School Wilsonton Campus

Name	Signature	Date
Relationship to Student	Contact Number	Contact Email

Please return this form to:

Mr Brent Garske
Hockey Academy Director
Toowoomba SHS Wilsonton Campus

bgars4@eq.edu.au
Ph: 4639 0444
Fax: 4639 0490



Or THA Reception