



ABN: 72 893 760 500

CLUB PERMIT REQUEST

Registered Club:			
Player's Name:			
Date of Birth:	/ /	Current Grade::	
Player's Name:			
Date of Birth:	/ /	Current Grade::	
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Date of Birth:	/ /	Current Grade::	
Player's Name:			
Date of Birth:	/ /	Current Grade::	
Detailed Reason For Request:			
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.....			
.....			
.....			
Use and attach a separate sheet if not enough space for request			

Club Secretary Name: **Signature:**

Date:

Please forward the completed form to the Hockey Office email – admin@haw.net.au

OFFICE USE ONLY

Permits Co-ordinator comments:
.....
.....

REQUEST No: PAN.....

Approved: YES/NO Date Response Sent To Club: