

GBHI CLUB/TEAM APPLICATION FORM 2008/2009 SEASON

Please write clearly in BLOCK CAPITALS

Name of Club _____

Club Contact _____

Position held in Club _____

Address _____

_____ Post Code _____

Telephone _____ Mobile _____

Email _____

The above Inline Hockey Club wishes to register the following teams with GBHI :

10U _____ (please advise name of team
in each age group)

12U _____

14U _____

16U _____

18U _____

21U _____

Senior _____

Vets _____ (aged 35 and over)

Women _____

Please return this form with a SAE to:

The appropriate GBHI Regional Secretary with a copy to the
GBHI Membership Secretary, PO Box 809, Lancaster, LA1 9EH

INCLUDING £25 Per Team Affiliation Fee

(Cheques should be made payable to the appropriate GBHI Region)

Signed _____ Print Name _____

Date _____