GLOUCESTERSHIRE HOCKEY ASSOCIATION

SCHOOL CHAMPIONSHIPS FOR GIRLS

SCHOOL: _____ AGE GROUP _____

Shirt No	Player's Name ~ (Forename & Surname)	D.o.B.

^ Please ensure this is the number to be worn at the event. ~ Please indicate captain (C) and goalkeepers (GK).

.Manager:		Coach:	
Captain:		First Aid:	

	Team Colours	Alternative Colours
Shirts:		
Skirts/Skorts:		
Socks:		

In signing I agree to comply with the current Regulations of the England Hockey Schools Championships for Girls

Signed:_____ Position:_____ Date:_____