NATIONAL IN2HOCKEY CHAMPIONSHIPS
Team Sheet

CLUB/ SCHOOL _____ GIRLS/ BOYS _____ 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:		Medical:	

	Team Colours	Alternative Colours
Shirts:		
Shorts:		
Socks:		

I certify that the above players are eligible to play for this team in accordance with the current Rules & Regulations of the England Hockey National In2Hockey Clubs and England Hockey National In2Hockey Schools Championships.

I also confirm that I have obtained parental/guardian consent for each player listed to be photographed and that these photographs may be used by the England Hockey for publicity purposes. All participating teams must obtain each player's parental/guardian permission to be at the event, their medical and emergency contact details, and that you have these with you at the event in case they are required.

Signed:		Position:		Date:	