BASINGSTOKE BISON JUNIOR HOCKEY CAMP OCTOBER 2020

APPLICATION FORM

NAME OF PLAYER: .....

NATIONALITY: ……

CURRENT JUNIOR DEVELOPMENT PROGRAMME: ……..

PLAYERS DATE OF BIRTH ----------/----------/ ----------

Day Month Year

PARENTS CONTACT INFORMATION:

Name: ……..

House No / Street: ……

City / Town: ……

County: ……Postcode: ……

Telephone: ……

E-Mail: .....

PLAYER INFORMATION:

Height (cm): …… Weight (kg): ……

Shot: …… Position: ……

Current Level: ……

(E.G. Age group currently playing at – LPH, U9, U11, U13 or U15)

CAMP JERSEY SIZE REQUIRED:

(PLEASE CIRCLE SIZE REQUIRED)

Size	XL	LARGE	MEDIUM	SMALL	YOUTH XL	YOUTH L	YOUTH M
CM	67	65	63	61	59	54	49

ALL MEASUREMENTS TO BE TAKEN FROM ARMPIT TO ARMPIT PLEASE.

PARENTS SIGN: ..... **DATE:** .....

Bank: Handelsbanken Name: BBIH Limited - Account No: 60300307 Sort Code: 40 51 62