



YOUTH COACHING PROGRAMME WAITING LIST APPLICATION

Application on behalf of: _____

Date of Birth: _____ Current school class: _____

Address: _____

Post Code: _____ Phone Number: _____

Any hockey experience (team selection, awards, representative honours etc)

Parent/guardians name: _____

Address (if different):

_____ Post Code: _____ Phone

Number: _____ Parent's mobile: _____

Parent's email (to track application) _____

Please indicate any family connections with Lisnagarvey Hockey Club, any hockey playing or coaching experience you may have or any other ways in which you may be able to help our coaching programme.

Applications to join the waiting list will remain valid until a vacancy occurs at which time you will be contacted. Waiting lists are currently lengthy.

Return the completed application by post to:-

**Youth Membership Convenor,
Lisnagarvey Hockey Club,
2 Comber Road, Hillsborough, BT26 6LN**

Information on Club news and activities can be found on the Club's website at:

www.lisnagarveyhockey.com

Date received by Club: _____