

Stockton Ladies Hockey Club

To ensure we have up to date records please complete the following information and bring with you together with your subscription by the end of September. Alternatively, pass on to your captain or Secretary as soon as possible.

**SUBSCRIPTIONS WILL NOT BE ACCEPTED WITHOUT THIS FORM,
YOU CAN NOT BE CHOSEN TO PLAY IN ANY MATCHES - INDOOR
AND/OR OUTDOOR WITHOUT BECOMING A PAID UP MEMBER.**

Name:

Address:

Tel. no.- Home:

Mobile:

E-mail Address:

How regularly do you check your e-mail? Daily Weekly Infrequently

Date of birth (if under 21):

Preferred playing position(s):

Shirt number:

Do you want to keep this number? Yes No

Do you need a numbered shirt? Yes No

**Are you interested in playing indoors?
(Monday evenings) Yes No**

What day are you able/prefer to play? Saturday Sunday Both

Specify times if applicable:

Membership category

Senior Student 18+ Under 18 Under16 Non-playing Member

For office use only

Amount received: £

by:

cash/cheque date: