



Expression of Interest Hookin2Hockey School Clinic Whitford Hockey Club



General Information:

School Name:

School Contact:

Position held:

Mobile Contact Number:

School Address:

Postcode:

School Telephone:

Fax:

Email address:

Session Request:

**Please note this must be within the constraints stipulated within the letter.*

1st Option:

| | | | | | |
|----------------|-------|--------------|-------|----------------|--|
| Day/s | | Date/s | | No. of classes | |
| Start Time: | | Finish Time: | | Year levels: | |
| Class duration | 30min | 40min | 60min | Other: | |

2nd Option:

| | | | | | |
|----------------|-------|--------------|-------|----------------|--|
| Day/s | | Date/s | | No. of classes | |
| Start Time: | | Finish Time: | | Year levels: | |
| Class duration | 30min | 40min | 60min | Other: | |

Comments/Other Information:

Please forward the completed form to Hin2h@whitfordhockey.asn.au and blighta@iinet.net.au we will get back to you as soon as possible to confirm your dates.

As we are providing clinics free of charge we would appreciate being able to advertise our club's program through your school's newsletter.