



# 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.*

### 1<sup>st</sup> Option:

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

### 2<sup>nd</sup> 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](mailto:Hin2h@whitfordhockey.asn.au) and [blighta@iinet.net.au](mailto: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.