Warwick Hockey Association Inc.

**C.C. Dunbar Clubhouse**

**Queens Park, Warwick**

ABN: 47 421 594 484

PRESIDENT: Sheryl Windle PO Box 441, Warwick Qld 4370

PARTICIPATION DIRECTOR: Angela Groves e: [warwickhockeyqld@gmail.com](mailto:warwickhockeyqld@gmail.com)

TREASURER: Mark Shadlow w: [www.warwickhockeyassoc.org.au](http://www.warwickhockeyassoc.org.au/site/index.cfm?fuseaction=display_main&OrgID=12403)

**2019 CONDAMINE VET’S SUPER 9’S - NOMINATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Association Name: |  | Shirt Colours: |  |
| Team Name: |  | Sock Colour: |  |
|  |  |  |  |
| Manager: |  | Umpire: |  |
| Manager Mobile: |  | Umpire Mobile: |  |
| Manager email: |  |  |  |
| Format will depend on number and type of entries received. Please indicate team as competitive or non-competitive, and age group (30-40, 40-50, 50-60+) based on team average. These details will not factor if there are a low number of entries. | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM LIST | | | |
| NAME | DOB | NAME | DOB |
| 1 |  | 8 |  |
| 2 |  | 9 |  |
| 3 |  | 10 |  |
| 4 |  | 11 |  |
| 5 |  | 12 |  |
| 6 |  | 13 |  |
| 7 |  | 14 |  |

*Please note: WHA does not hold any insurance for individual players therefore players must endeavor to have their own insurance either through state nomination eg Hockey Qld or Hockey NSW or with another insurance agency or play at your own risk.*

**RULES OF COMPETITION**

* Each team must provide an umpire.
* All male players must be 35 or over. All female players must be 30 or over.
* 2 ladies on field at all times.
* Penalty corners will be 3 on 3
* Penalty strokes replaced by shoot out
* All teams must have fully padded keepers
* Game times will be 15 or 20min halves depending on number of teams nominating

**VENUE FOOD & DRINK**

Friday night – Bar & BBQ at the Warwick Hockey Clubhouse as well as 2 games of hockey.

Saturday night – Dinner at the Warwick Hockey Clubhouse

Canteen running both Saturday & Sunday

Please place the nomination fee of $100 in the WHA bank account: PLEASE USE A REFERENCE

Account Name: Warwick Hockey Association

Account Number: 400281250

BSB: 817001

Reference: Your team name

\*Prize money sponsored by the Condamine Sports Club will be awarded to the winning team