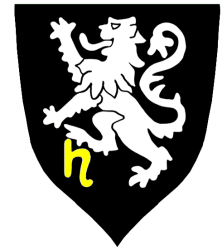


Horsham Hockey Club Membership Form 2009/10



A MEMBERSHIP FORM NEEDS TO BE COMPLETED BY
ALL **NEW PLAYERS** & **PLAYERS THAT ARE RENEWING**
AT THE START OF EACH SEASON

Personal Details

Name					
Address					
	Postal Code:				
Home Telephone					
Mobile Telephone					
E-Mail					
Occupation					

Membership Details – please circle or mark accordingly

	Full	Unemployed	Inter/Full Time Education (18-21 yrs)	Social (Single)	Social (Family)
Paid by 27 th September 2009	£140	£110	£82	£27.50	£41
Paid after 27 th September 2009	£170	£140	£95	£27.50	£41

Own a Red Horsham shirt?	Yes/No	No:	Qualified umpire? (Y/N)	Yes/No	Level:
Own a White Horsham shirt?	Yes/No	No:	Willing to umpire? (Y/N)	Yes/No	
Qualified First Aider?	Yes/No		Qualified Coach? (Y/N)	Yes/No	Level:
			Willing to coach? (Y/N)	Yes/No	

Member of other HCSC sections?	Yes/No	Please state which:
Did you play last season?	Yes/No	If so, for which team:

Emergency Contact Details

Name:	Relationship:	Contact Telephone Numbers:

Medical Information

Have any allergies/need any regular medication or treatment/medical conditions/special needs? Please give details.

I will inform the captain/team manager/coach of any changes to the details given above.

I agree to abide by the codes and policies of HHC and will remember that I represent the Club at all times whether as a spectator, helper or player

Name (please print): _____

Signed: _____

Date: _____

Cheques should be made payable to 'Horsham Hockey Club'

Post dated cheques received before 27th Sept 2009 will entitle you to the membership discount.

Completed forms & payment returned to: [Sue Chinn, \(Hon Membership Secretary\), 24 Queesway, HORSHAM, RH13 5AY](#)

OR put in an envelope addressed to 'Sue Chinn' & left behind the Club bar (please ask for it to be put in the safe).