



FOUNDATION SKILLS WORKSHOP APPLICATION FORM

COURSE VENUE: Chesterfield Hockey Club, St. Mary's School Community Sports Partnership
Newbold Road, Newbold, Chesterfield, Derbyshire S41 8AG

Title (Mr/Mrs/Miss/Ms etc): _____ **Name:** _____

Address: _____

_____ **Post Code:** _____

Tel (home): _____

Tel (work/mobile): _____

EMail: _____

Date of Birth: _____ (Please note that candidates under 18 years of age must include a letter of support from an accredited coach).

Emergency Contact Name: _____ **Contact Number:** _____

Name of School/College/Club: _____

Playing/Coaching Experience: _____

Do you have any special needs? _____

or a disability? _____

I acknowledge that the course fee cannot be refunded if I withdraw within seven days of the course.

Signed: _____ **Date:** _____

(For candidates U18): I confirm that my child may participate in the Foundation Skills Workshop and that the appropriate Parental Consent Form has been completed and submitted with the application form.

Signed: _____ **Parent/Guardian**

Payment of £15.00 **must** accompany this application form. Please make cheque payable to 'England Hockey' and return to:

Elaina Leithead
England Hockey Midlands Office
The Hockey Pavilion
Loughborough University
Ashby Road
Loughborough
LE11 3TU

Tel: 01509 228676 Fax: 01509 228678 E: midlands@englandhockey.org

CLOSING DATE: Friday 28th May 2010

Remember to enclose an s.a.e. if you require a receipt or do not have an email address.