



DROMORE LADIES

HOCKEY CLUB

Membership Secretary: Mrs. Karen Johnston

49 Castlewood, Dromore BT25 1FD

Tel: (Mobile) 07810870222

E-Mail: dromoreladieshockeyclub@yahoo.co.uk

DATA INFORMATION SHEET

FULL NAME _____

ADDRESS _____

POST CODE _____ Date of Birth _____

HOME TEL _____ MOBILE TEL _____

E-MAIL ADDRESS _____

OCCUPATION _____ SCH/UNI/COLL _____

PREVIOUS CLUB _____ VETERAN (over 35?) **YES/NO**

If Under 18 Years Of Age:
MUMS MOBILE _____ *DADS MOBILE* _____

MUMS NAME _____ *DADS NAME* _____

HAVE YOU:
Coaching Qualification **YES/NO** Level _____ Date passed _____

First Aid Qualification **YES/NO** Level _____ Date passed _____

Umpiring Qualification **YES/NO** Level _____ Date passed _____

Access NI form through DLHC **YES/NO** Date _____

Would you be interested in attending:

- Coaching Course **YES/NO**
- First Aid Course **YES/NO**
- Umpiring Course **YES/NO**
- Junior Development Course(s) **YES/NO**
- Role in Club **YES/NO**

(E.G. committee/coaching junior/senior etc) _____

SIGNATURE _____ DATE _____

FEES PAID **YES/NO**

By: **CASH / CHEQUE / DIRECT DEBIT**

www.dromoreladieshockeyclub.com