

UMPIRE NOMINATION HILLS NIGHT HOCKEY ASSOCIATION (INC)



Please print clearly

Surname _____

Given Name _____

If under 18 Age _____ **Date of Birth** _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Emergency contact details

Name _____

Phone number _____ Mobile _____

Bank Details

Acc Name: _____ BSB: _____ Acc No: _____

Insurance responsibilities. Please note that this association **does not have insurance coverage for its members or umpires.**

I acknowledge and understand this information.

_____ Date _____

Umpire's signature or Parent/Guardian's name & signature if Umpire is under 18.