

## **ENGLISH ICE HOCKEY ASSOCIATION RECREATIONAL SECTION**

## PLAYER REGISTRATION APPLICATION FORM (PRA 14/15 Season)



Completed Forms inc. Photos, ID and Payment must be sent to: registrations@eiharec.co.uk or by Post to; 33 Fulmar Road Strood. Kent. ME2 2SD

SEASON: 2014/2015 1st October 2014 - 30th September 2015

**CLUB/TEAM: SLOUGH TORNADOS ICE HOCKEY CLUB** 

<b>Applicants</b>	<b>Personal</b>	<b>Details</b>
<u>, ibbiloniido</u>		

Date:.....

<u>Applicants Personal Details</u>		
First Name:		
Middle Name(s):	Date of Birth:	
	Gender: Male / Female	
Surname:	Nationality:	
Address:	Player Category: (Circle as appropriate)	
Address:		
County:	A Never Played Before or Rec Only B Juniors up to U19 Only C Any UK Senior League inc. Women's Z Non UK up to Juniors Only ZZ Any Non UK Senior League inc. Women's	
Post Code:	Coach Licence Number: (If Applicable)	
Applicants Agreement		
	d by-laws of the IIHF, EIHA, EIHA Rec. Section and the club to which I f a valid League Licence* and that all of the above information is Permission Form from a Women's Team)	
Signature:	Date:	
<b>Declaration To Be Complete</b>	ed by either Club Contact	
A Passport Style Photograph (if electronic filenam Passport or Driving Licence, as proof of ID Where card is not required * If applicant is a Coach, ensure Licence number	ered and insured with the above named Club. I enclose with this form; ne = 'surname'.jpg) and a copy of either their; Birth Certificate or the applicant is not GB born, I declare that an International Transfer is Current before applying for the one 'Free' Rec Registration	
* If this is not the applicants initial application er	nsure a full fee payment registration has already been processed	
-	Transfer from your Club Named Account 250 / 2nd Team - £35 / 3rd Team - £35	
Club Manager	Game Coordinator	
Name:	Name:	
Signature:	Signature:	

Date: .....