

Manager's Name

## 2016 STATE CHAMPIONSHIPS AMENDED TEAM DETAILS FORM

DUE: At the managers meeting prior to the commencement of the Championship

- This form should only be used should there be any **emergency** amendments to the team named in HockeyNet. Please note Team Detail Lists in HockeyNet (IMG-STG) can be changed up until 24 hours prior to the championship.
- Only the amendments are to be recorded on this form Eg. Additional players; number changes; players no longer attending etc.
- This form is to be handed in at the managers meeting prior to the commencement of the championship.
- All fields must be completed to ensure player's eligibility at the championship

| ASSOCIATION NAME |  | DIV | DIVISION |                |  |
|------------------|--|-----|----------|----------------|--|
| PLAYING NO.      | NAME   |     | DOB      | NATIONAL ID NO |  |
|                  |  |     |          |                |  |
|                  |  |     |          |                |  |
|                  |  |     |          |                |  |
|                  |  |     |          |                |  |
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|                  |  |     |          |                |  |
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|                  |  |     |          |                |  |
|                  |  |     |          |                |  |
|                  |  |     |          |                |  |
| POSITION         | NAME   | N   | ИОВILE   | EMAIL          |  |
| Coach            |  |     |          |                |  |
| Manager          |  |     |          |                |  |
| Other            |  |     |          |                |  |
| Bench Officials: | Only these officials will be<br>e TD. Manager's additional c |     |          |                |  |

**Signature** 

Signature of TD:

**Date** 

Age Eligibility Checked: