SACRED HEART COLLEGE



2 Cross Street, New Town Tasmania 7008 Email: <u>admin@shc.tas.edu.au</u> Website: <u>www.shc.tas.edu.au</u> Telephone (03) 6279 4090

HOCKEY 2016

Dear Parent/Guardian,

Your child has expressed an interest in playing school hockey for the 2016 season. We are hoping to field both a boys and girls team this year.

Games are scheduled to start in the week commencing Monday the 2nd of May and will run through until the week commencing the 1st of August. Grand finals will take place the following week. There will be no games over the school holidays.

All games are played at the Tasmanian Hockey Centre in Cornelian Bay between 4pm and 6pm.

For students in Grade 9 or 10	Division 2 - Year 9/10 A or Year 9/10 B 9 a side competition Girl's comp - Wednesdays Boy's comp - Fridays
For students in Grade 7 or 8	Division 3 - Year 7/8 A or Year 7/8 B 9 a side competition Girl's comp - Mondays Boy's comp - Thursdays

Cost:

The cost for Hockey is \$30 per player (to help cover player registration, ground fees etc). Payment is required prior to the first game i.e. by Friday 29 April. Payments can be made through the school office at 2 Cross St, New Town (cash, cheque or eftpos) or credit card payments can be taken over the phone (call 6279-4090) or made using the attached reply slip. Payments can also be made through the Qkr phone app (go to SHC website to launch the app).

Uniform:

Students will compete in their sports uniform and are required to have a mouthguard and shin pads to play. School hockey socks are available from the Uniform Shop. Hockey sticks can be borrowed from school if required.

Parent Assistance:

If there are any parents able to help in coaching and/or umpiring roles please indicate on the attached form.

For any further queries, please contact me at the College.

Yours sincerely,

HOCKEY 2016 Player Confirmation / Payment

Student Name:				
Grade/ Team:	(please indicate)	7/8	9/10	
	letails of the secondary n the Sacred Heart Coll		on for 2016 and confirm my chi	d
Name of Parent/Gua	rdian:			
Signature:				
Date:				
I can assist with:				
	HING			
	RING			
	MANAGEMENT			
Name:				
Contact Details:				
person, via the SHC v		he phone: call 627	nade through the school office, i 9-4090. Credit card payments ca	
	Pa	ayment		
Please charge the <u>\$3</u>	<u>0</u> fee for hockey to my	credit card:		
Student Name:				
Cardholder Details:	Name on Card:			
	Card Number			
	Expiry Date:			
Signature of Cardhold	der:			