

13-19 years Boys Hockey Regional Trials

Trial Date	Wednesday 27 March 2019
Venue	Ipswich Hockey Association Grounds Briggs Rd Raceview
Times	9.00 am – 3.00 pm (8.30 am - arrival)
Nomination Process	There are no restrictions to the number of skilled students who can nominate to attend this trial. Schools should only nominate students to the district who have the necessary skills to play at this level.
Eligibility	Students need to be 13, 14, 15, 16, 17, 18 or 19 years by 31 December 2019 and be currently enrolled in an affiliated Met West School Sport School. Prior to trialling, students must hand completed district forms to the convenor, including <ul style="list-style-type: none"> ▪ parent consent form ▪ principal approval form ▪ student details/medical history form <p>No Forms + No Payment = No Participation at the regional trial</p>
Playing Uniform	All students must wear their district or school sports uniform when competing at these trials.
Compulsory Student Regional Trial Levy	Metropolitan West School Sport Regional Trial Levy is \$20.00 per student. Please refer to your district paperwork as to how your district collects the regional trial levy from participants. No money will be collected by the Regional Convenor at the Regional Trial. Metropolitan West School Sport will invoice the District Treasurer's school for the total monies collected for the District Team after the Regional Trial.
Requirements	<u>Mouthguard (compulsory for all students)</u> <u>No mouthguard = No participation</u> Appropriate attire Individual water bottle
Lunch	Canteen will be operating
Convenor	Tracey Doyle Redbank Plains SHS Phone: 3432 1222 Email: tdoyl55@eq.edu.au
State Championship	30 May – 2 June at Gold Coast hosted by South Coast Region.

Please note: students can only nominate to attend these trials through their school sports coordinator to their relevant district contact for 13-19yrs Hockey. Nominations outside of this process will not be accepted.

District: _____

Boys Player nominations

No.	Student's Name	Student's School	Student's DOB
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			

Name of Team Official attending: _____

Team Official's School: _____

Contact Details of Team Official attending: _____

Please return form to tdoyl55@eq.edu.au by **Friday 22 March 2019**