



APPLICATION FORM

Players Name _____

Team Name _____

Date of Birth _____

ADDRESS _____

Hockey Camp Date Required _____

PHONE NUMBER _____

MOBILE _____

EMAIL _____

Polo Shirt Size _____

Any Medical Conditions _____

Parent/Guardian Signature _____ Date _____

Please Make Cheques Payable to Sheffield Steeldogs IHC and send complete with your application form & Medical Consent form to :-

Sheffield Steeldogs

C/O ESS Ltd

Unit F2

Meadowbank industrial estate

Harrison Street

Rotherham

S611EE