

**Expression of Interest Form – New Member**

|  |  |
| --- | --- |
| **Name**  |  |
| **Date of Birth** |  |
| **Email** |  |
| **Address** |  |
| **Phone** |  |
| **What level of hockey have you played before and where have you played hockey before?**  |  |
| **When was the last time you played hockey?**  |  |
| **Did you attend a Holy Faith School?**  |  |
| **Signature**  |  |

I am interested in becoming a member of Botanic Hockey Club. YES 🗆 NO 🗆

Please send this form back to botanichockeyclub@gmail.com