

**Expression of Interest Form – New Member**

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| --- | --- |
| **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](mailto:botanichockeyclub@gmail.com)