



**2010 HOCKEY VICTORIA STATE TEAMS  
OFFICIALS NOMINATION FORM**

Applications are now invited from all Coaches, Assistant Coaches and Managers interested in nominating for a position with the following Hockey Victorian State Teams.

**Tournament Dates:**

|             |                  |  |                 |
|-------------|------------------|--|-----------------|
| <b>2010</b> | Under 13 Women's | Sept - October, 2010 T.B.C                           | T.B.C           |
| <b>2010</b> | Under 13 Men's   | Sept - October, 2010 T.B.C                           | T.B.C           |
| <b>2010</b> | Under 15 Women's | 25 <sup>th</sup> Sept – 2 <sup>nd</sup> October,2010 | Darwin, NT      |
| <b>2010</b> | Under 15 Men's   | 2 <sup>nd</sup> – 9 <sup>th</sup> October, 2010      | Launceston, TAS |

If you are passionate about this exciting sport and would like to be considered for one of the coaching or management positions please complete the form below and return it to Hockey Victoria before **Monday 15<sup>th</sup> March, 2010**.

**Personal Information:**

Family name: .....Given name: .....  
 Street Address: .....  
 Suburb: ..... Postcode: .....  
 Date of Birth: ...../...../19.....

**Contact Information:**

Email Address: .....  
 Mobile Phone: .....Business Phone: .....  
 Home Phone: ..... Fax: .....

**Nomination Information:** [Please Tick]

|            |                          |                 |                          |              |                          |                     |                          |
|------------|--------------------------|-----------------|--------------------------|--------------|--------------------------|---------------------|--------------------------|
| Head Coach | <input type="checkbox"/> | Assistant Coach | <input type="checkbox"/> | Team Manager | <input type="checkbox"/> | Health Professional | <input type="checkbox"/> |
|------------|--------------------------|-----------------|--------------------------|--------------|--------------------------|---------------------|--------------------------|

Please indicate all team[s]/age groups applied for:

[If one – Please tick] - [If more than one – Please number in order of preference]

|                |                          |                  |                          |
|----------------|--------------------------|------------------|--------------------------|
| Men's Under 13 | <input type="checkbox"/> | Women's Under 13 | <input type="checkbox"/> |
| Men's Under 15 | <input type="checkbox"/> | Women's Under 15 | <input type="checkbox"/> |

Please return the completed form **including a resume of experience** by mail to-

**Hockey Victoria, PO Box 32, Parkville Vic 3052  
Or by email to: [jlekkas@hockeyvictoria.org.au](mailto:jlekkas@hockeyvictoria.org.au)**