



HEATHMONT HORNETS BASKETBALL CLUB Inc.

P. O. Box 507, Heathmont Vic. 3135

NEW COACHES – INFORMATION FORM

Christian Name: Surname:

Hm Ph:..... Mob. Email:

Child's name:

Date of Birth:

TRAINING:

First Preference:	Training night:	Mon	Tue	Wed	Thu	
	Training Time :	from 4:30	5:00	5:30	6:00	6:30

Second Preference:	Training night:	Mon	Tue	Wed	Thu	
	Training Time:	from 4:30	5:00	5:30	6:00	6:30

WORKING WITH CHILDREN CERTIFICATE

WWC No. Expiry Date:

Coaching Experience:

Other comments:

Coaches "Polo Top" Size required: S, M, L, XL, 2XL

If you need to discuss these items please ring [Stephen Shield on 9733 2556](tel:97332556)

Email this form back to: coaches@heathmonthornets.com