

HALLETT COVE R-12 SCHOOL

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HALLETT COVE SCHOOL SOCCER PROGRAM APPLICATION FORM – 2017

Surname: _____ First Name: _____

Date of Birth: _____ Age: _____ Male/Female (*please circle*)

Name _____ of _____ Parent/Caregiver: _____

Address: _____ Post Code: _____

Mailing Address (*if different from above*): _____

Telephone: _____ Mobile: _____ Work: _____

Email: _____ Previous School: _____

Soccer playing experience and level (eg. School/club and age group). Also include state team representation or any specialist soccer programs you have participated in.

Student signature: _____

Parent/Caregiver Signature: _____

Please drop in or send this form in the envelope provided no later than **Friday 2nd August 2016**
(Week 6, Term 3)