

HALLETT COVE R-12 SCHOOL

2-32 Gledsdale Road, Hallett Cove
South Australia 5158
Ph: +61 8 8392 1020 | Fax: +61 8381 6713
info@hcs.sa.edu.au | www.hcs.sa.edu.au



2018 SOCCER PROGRAM APPLICATION FORM

TRIALS TO BE HELD ON 31st AUGUST 2017

Surname: _____ First Name: _____

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

Name: 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 **Wednesday 23rd August 2017 (Week 5, Term 3)**