

# Group Check-in Form

Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_

Turf: \_\_\_\_\_

Club and Team: \_\_\_\_\_

Group Coach: \_\_\_\_\_

Group Health and Safety Officer: \_\_\_\_\_



Name	Phone number	Home Address	Email address

\*Please remember to note that both coach and Health and Safety Officer are included in the maximum of 10 people per group allowed on one booking.

\*Can be sent to [rdm@nelsonhockey.org.nz](mailto:rdm@nelsonhockey.org.nz) the night before booking.

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