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| **Sunshine Coast Hockey Association** | | | | | | | |
| **COACHING AND DEVELOPMENT CLAIM FORM** | | | | | | | |
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| **Name:** |  |  |  |  |  |  |  |
| **Email address:** |  |  |  |  |  |  |  |
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| **Date** | **Time** | **Hours** | **Hrly Rate** | **Age Group** | **Numbers** | **State Team** | **Amount** |
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| **Other Comments:** | |  |  |  |  |  |  |
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| **Bank Details:** |  |  |  |  |  |  |  |
| BSB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
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| Please complete and return to SCHA by email/in person. | | | | | |  |  |
| If you have any queries, please contact Bev by email. | | | | |  |  |  |
| E:suncoasthockey2@bigpond.com | | |  |  |  |  |  |
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