



Brand Ambassador Application

Name & Surname: _____

Date of Birth: _____

Cell Number: _____

Email: _____

Application Type (please circle): Outfield / Goalie / Coach

Currently Sponsored by: _____

School/Varsity: _____

Club: _____

Team (1st/A/B/etc): _____

Provincial Representation (Team & Year): _____

National Representation (Team & Year): _____

Coaching Qualifications: _____

What teams do you coach? _____

Reference Name & Contact Number: _____

Relationship to Referee: _____

Referee Email: _____

Where did you find out about Mercian Hockey? _____

What do you like about Mercian Hockey? _____

What do you believe the role of an Ambassador is? _____

Complete and return to nile@mercianhockey.co.za

