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**PLEASE WRITE CLEARLY IN BLOCK CAPITALS**

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| **PLAYER’S NAME** |  | |
| **PLAYER’S DATE OF BIRTH** |  | |
| **PLAYER’S SCHOOL /COLLEGE** |  | |
| **PLAYER’S CLUB** |  | |
| **PREFERRED POSITION** |  | |
| **PLAYER’S MOBILE PHONE NUMBER** |  | |
| **PLAYERS EMAIL ADDRESS** |  | |
| **PLAYERS HOME TELEPHONE NUMBER** |  | |
| **PLAYER’S NEXT OF KIN** |  | |
| **YOUR NEXT OF KIN CONTACT NUMBER** |  | |
| **COACH, TEAM MANAGER, RUGBY DEVELOPMENT OFFICER OR SCHOOL MASTER NAME, EMAIL ADDRESS & CONTACT NUMBER** |  | |
| **INDICATE WHICH TRIAL** | **NORTHERN TRIAL 3rd October 2016 Venue TBC**  **YES / NO** | **SOUTHERN TRIAL 26TH SEPTEMBER 2016 VENUE TBC**  **YES / NO** |
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| **PLAYER’S STRENGTHS** |  |
| **PLAYER’S AREAS FOR DEVELOPMENT** |  |