



CCJSA COUNTRY WEEK TRIALS NOMINATION FORM 2017

PLEASE FILL IN THE FORM BELOW AND RETURN BY EMAIL BY FRIDAY 10TH JUNE

NAME: _____

D.O.B: _____

CLUB: _____

FFA NUMBER: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

MOBILE NUMBER: _____

PARENT/GUARDIANS NAME: _____

PREFERRED POSITIONS: PLEASE TICK

STRIKER

MIDFIELD

RIGHT MIDFIELD

CENTRE MIDFIELD

LEFT MIDFIELD

DEFENCE

RIGHT BACK

LEFT BACK

CENTRE BACK

GOAL KEEPER

PLEASE BE REMINDED THAT ALL TRIAL PARTICIPANTS TO PLEASE ARRIVE 20MINS BEFORE YOUR TRIAL COMMENCES – TO CONFIRM THEIR REGISTRATION AND BE GIVEN A TRIAL NUMBER.

GOODLUCK !!!!!