

South Wales Region Trails 2009 - 2010

Under

PLEASE COMPLETE IN BLOCK CAPITALS

For Official Use Only	Paid :
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Name.		Date of Birth.
Address.	 / /
Town.		Contact Number.
Post Code.		
E-mail Address.		

Parent / Guardian Name.		Relationship to Player
Contact number.		
Parent / Guardian Name.		Relationship to Player
Contact number.		

Team Name.		
Coach Name.		
Shirt Colour and Number Worn For Trial.	Colour(s) :	Number :

Do you own a Superleague shirt	Yes / No	
What shirt number do you have	#	
Would you need to order a new shirt for this year	Yes / No	

Any addition Information	Official Comments Only