



PLEASE WRITE CLEARLY IN BLOCK CAPITALS

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	Southern TRIAL 25th September 2017 Venue TBC YES / NO	Northern TRIAL 2nd October VENUE TBC YES / NO



STRENGTH IN UNION

<p>PLAYER'S STRENGTHS</p>	
<p>PLAYER'S AREAS FOR DEVELOPMENT</p>	