

Sussex County FA

Under 16's Representative Squad Trial Nomination Form



Please note: Contracted players are not permitted.

Players must be born between 1st September 2003 – 31st August 2004.

Unfortunately, we are not able to accept nominations from players eligible in the U15 age group.

The Parent(s)/Guardian(s) of the nominee must be made aware of and agree to the player being put forward for these trials.

Player Information

First Name(s)		Surname	
Date of Birth		County of Birth	
Address			
County		Post Code	
Mobile No.		Home Phone	
Email			
Any Medical Conditions <i>(e.g. Asthma, Diabetes, Epilepsy, Allergies etc.)</i>			
Club(s) registered with for the 2019-20 season		Position the Player is trialling for (*)	

(*) Position

Please show the Player's Position: GK, Left Back, Right Back, etc.

The use of terms such as Full Back, Midfield or Striker will not assist in selecting players.

Emergency Contact Details

First Name(s)		Surname	
Mobile No.		Home Phone	

Parent(s)/Guardian(s) Information

First Name(s)		Surname	
Address			
County		Post Code	
Mobile No.		Home Phone	
Email <i>(Essential)</i>			

Data will be collected and stored in line with the [Sussex County Football Association Privacy Policy](#)

Nominating Person Details

First Name(s)		Surname	
Mobile No.		Home Phone	
Email			

Selection Trial Details

<p>Selection Trials will take place on: 9.30am to 12.00noon – Saturday 14th September 2019 At Sussex County FA, Culver Road, Lancing, West Sussex, BN15 9AX</p>
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Please return this form no later than **9.00am on Thursday 12th September at the latest**, via e-mail to: dan.bartlett@sussexfa.com

Signed: Nominating Person

Club: