

## Sussex County FA

### Under 18 Boys Representative Squad Trial Nomination Form



**Please note: Contracted players are not permitted.**

**Players must be born between 1<sup>st</sup> September 2001 – 31<sup>st</sup> August 2003.**

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**

Selection Trials will take place on:  
8.00pm to 10.00pm – Wednesday 9<sup>th</sup> October 2019  
At Sussex County FA, Culver Road, Lancing, West Sussex, BN15 9AX

Please return this form by **Sunday 6<sup>th</sup> October**, via e-mail to: [dan.bartlett@sussexfa.com](mailto:dan.bartlett@sussexfa.com)

Signed: ..... Nominating Person

Club: .....