**Sussex County FA**

Women’s Representative Squad Trial Nomination Form

**Please note: Contracted players and players who play in the FA Women’s Super League / Championship are not permitted.**

**Players must be over the age of 16 as at midnight on Friday 31st August 2019.**

**The Parent(s)/Guardian(s) of the nominee must be made aware of and agree to the player being put forward for these trials (if under the age of 18)**

**Player Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s)** |  | **Surname** |  |
| **Date of Birth** |  | **County of Birth** |  |
|  |  |  |  |
| **Address** |  | | |
| **County** |  | **Post Code** |  |
|  |  |  |  |
| **Mobile No.** |  | **Home Phone** |  |
| **Email** |  | | |
|  |  |  |  |
| **Any Medical Conditions**  *(e.g. Asthma, Diabetes, Epilepsy, Allergies etc.)* |  | | |
|  |  |  |  |
| **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** *(if under the age of 18)*

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s)** |  | **Surname** |  |
|  |  |  |  |
| **Address** |  | | |
| **County** |  | **Post Code** |  |
|  |  |  |  |
| **Mobile No.** |  | **Home Phone** |  |
| **Email** *(Essential)* |  | | |

**Nominating Person Details**

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

**Selection Trial Details**

|  |
| --- |
| **Selection Trials will take place on:**  **Wednesday 11th September 2019, 8.00pm to 10.00pm and Friday 13th September 2019, 7.00pm onwards**  **At Sussex County FA, Culver Road, Lancing, West Sussex, BN15 9AX** |

**Please return this form no later than 9.00am on Tuesday 10th September at the latest, via e-mail to:** [**dan.bartlett@sussexfa.com**](mailto:dan.bartlett@sussexfa.com)

**Signed:** ............................................................................ Nominating Person

**Club:**  .............................................................................