



**CENTRAL COAST JUNIOR RUGBY UNION  
REPRESENTATIVE PROGRAM NOMINATION FORM 2019**

Please ensure you complete this player information form and bring with you on the trial day:  
***3<sup>rd</sup> February 2019, Ourimbah Rugby Union Club***

**PLEASE CIRCLE AGE GROUP YOU ARE APPLYING FOR:**

12s            13s            14s            15s            15s Girls            16s  
17s Girls    17s            18s

**PLAYER'S DATE OF BIRTH:** .....

**FIRST NAME:** ..... **SURNAME:** .....

**STREET ADDRESS:** .....

**SUBURB:** ..... **POST CODE:** .....

Have you played rep football in previous years?    **yes / no**

**1<sup>ST</sup> CHOICE PLAYING POSITION:** .....

**2ND CHOICE PLAYING POSITION:** .....

**CURRENT CLUB OR SCHOOL:** .....

**CONTACT DETAILS:**

Main contact number / mobile: .....

Secondary contact number / mobile: .....

MAIN Email address / contact: .....

Mother's name: .....

Father's Name: .....

Contact number: .....

Contact number: .....

Carers name:.....

Carers contact number:.....